

Psychosexual Infantilism in Adults:

The eroticization of regression

by

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I. Introduction

... I have a wide range of fantasies and have experienced many of them. Sometimes I am an adult who likes the feel of wet diapers. Sometimes I'm an adult exhibitionist who likes to show off diapers to others; sometimes an impish 12-13 year old forced into diapers, occasionally a baby and, on rarely experienced occasions, a sissy. Generally I am sexually dominant. In these fantasies I am submissive (often to women) (Bobby, a 37 year old gay infantilist.*).

Every individual experiences a unique method of sexual growth and development. The individuality of our experiences stems from differing rates of development and timing of opportunity and events, from a seemingly random combination of genetic, physical, psychological and social incidents. Yet sexual orientations and preferences can be used to cluster individuals into groups with common sexual objects or behaviors. Homosexuals are more aroused by same sex relationships than by opposite sex relationships. Exhibitionists are especially stimulated when they can expose their genitals to strangers. Masochists share a common stimulation from physical or psychological abuse. Dozens of these sexual minority groups

* Unattributed citations originate in answers to the Infantilism Survey or personal correspondence related to same.

have been identified. One of them, those adults who enjoy psychosexual infantilism, is the topic of this study.

The definition for this group has evolved substantially throughout the twentieth century. The best general definition of psychosexual infantilism today reserves the term for those adults seeking "the erotic return to babyhood" (Scott, 1983, p. ix). Previously I defined psychosexual infantilism as "sexual arousal [involving] the objects of infancy (e.g. diapers) and/or the experiences of infancy such as incontinence or feeding" (Speaker, 1980, p. 2). Infantilists' sexual behaviors are similar to those of other fetishists; the common objects of sexual activity are a diaper and other baby clothing and behaviors. Describing fetishist behavior, Sarason and Sarason use rubber fetishists as an example:

Rubber fetishes are particularly popular. In England, the Mackintosh Society, named for rubberized raincoats, has over 1000 members. The group has social functions and serves as reassurance for those who feel embarrassed or isolated by their sexual interests. Some rubber fetishists obtain sexual excitement from wearing rubber garments themselves. Others dress in them, or want their sexual partners to wear them during sexual activity (Sarason & Sarason, 1984, p. 203).

Psychosexual infantilists dress in diapers and other baby clothing, or include these items in sex with a partner, or

obtain sexual arousal from dressing a partner in diapers.

The term psychosexual infantilism was coined by the German psychoanalyst Wilhelm Steckel. He described it as a syndrome involving a retreat from reality and toward a regressive fantasy life. The goal of this "retreat" was to become "the eternal infant" (Steckel, 1952, p. 85). In his book Patterns of Psychosexual Infantilism, Steckel illustrated his theories liberally with case histories:

Case no. 13: Mr. G., a husky man of twenty-eight, dressed in a juvenile suit, appears at my office one day with his mother, who leads him by his arm, draws a chair toward him and helps him become comfortably seated. The woman then says, "Drink, my child, so that you can talk." The "child" pulls a milk bottle with a rubber nipple from his pocket and gulps some milk. Then he takes a roll from his pocket and hands it to his mother. The woman breaks off a piece of the bread and pushes it into his mouth.

"Excuse us," the mother apologizes, "but you see, doctor, every fifteen minutes my son must have a little milk and a bit of bread, otherwise he will collapse. Until a few days ago he had to go out by himself because my husband considered him a malingerer and threatened to chase him away from home. He did go out by himself, without his milk and bread, and he collapsed on the street. He was brought home

dangerously ill! Help me, doctor!"

Through his peculiar behavior, G. was manifesting symptoms of his psychosexual infantilism. He had been in this helpless condition for three months. Previously he had been in sound health, held a good position, was a model man. The mother was especially concerned about this "boy's" illness because she had another son who is severely neurotic and who tormented the household, refused to work and constantly demanded money. Until his infantilism broke out, G. had been her consolation. But now, without any apparent reason, he had changed.

Formerly, he had had satisfactory contact with women. Now he was shy, had wild erotic fantasies, and had resumed masturbation. Sometimes he would masturbate several times a day. He was a daydreamer; he could not work or even dress himself.

His daily program went something like this: when he awakened in the morning he remained in bed daydreaming. He did nothing at all unless, given an order to do something. He would stay in bed all day if his mother did not urge him to get up. Then she had to dress him and wash him. She treated him as a small child, giving in to his whims. She served breakfast to him in bed. When he arose he followed his mother around the house like a shadow. He was

afraid to be left alone. The mother had to take him with her whenever she left the house, otherwise he would have a severe "attack" and be a completely helpless "baby". He mumbled nonsensical phrases, laughed without provocation. His symptoms were frightening to the parents, for they thought he had lost his mind.

His disease started when he noticed that the hateful brother who was a brat and an "ogre", as his mother called him, was really loved by the mother. The brothers had not spoken to each other for years. Both had strong mother fixations. The father had little influence on the family. The mother was a pretty woman with lustrous eyes. The older brother hated her and would not allow her to come near him. "Don't touch me," he would shout; "I am disgusted with you!"

The younger brother, our patient, adored his mother and brought her every penny he earned. But when he was seized with the feeling that his mother loved the older brother and that this was why she let his brother stay at home to loaf and dominate the household with his sickness, he said to himself: "You are not rewarded for your decency and manliness, so you'll get sick and lazy like your brother." This thought flashed through his mind just once. But soon afterward his illness "struck", and continuously

worsened, so that now his mother even had to accompany him to the toilet, hold him on the seat and wipe him.

Surprisingly, the analysis ended with a complete success. In most cases of this type, it is necessary to remove the patient from his home environment before he can be cured. But this patient remained at home and soon his manhood was restored and he was again active in his profession.

He had completely regressed to the suckling stage. He became an infant, completely dependent on the mother. The worry and pity which the mother had expended on the brother now shifted toward him. This had an excellent effect on the older brother who suddenly used his exceptional talents to get and maintain a good job. The older brother now had the chance to prove that he was stronger than his hated sibling. The brothers persisted in their refusal to speak to each other and the atmosphere in the house was tense.

When, during analysis, our patient began to improve, his first love interest was directed toward the family's maid. As stated before, maids frequently symbolize someone in the family. The mother approved his play with the maid and even advised him to have an affair with the girl. By all means, her son must become a man! "It is better than getting a venereal disease outside the house." This was her

rationalization. She really wanted to know when and with whom he had sexual relations. She needed the stimulations (deeply rooted in her own incestuous tendencies) which her son supplied when he reported his sexual affairs (Steckel, 1952, pp. 87-89).

In the clinical literature the description of the psychosexual infantile portrays a severely dysfunctional individual. He is likely to have come to the attention of law enforcement or other authorities and been required to receive treatment. Steckel's case above is a classic example; dysfunctional lifestyles are also a large part of the behavior exhibited by his model of the ultimate infantile, the Eternal Infant:

The eternal infant is a dependent person. His psychic infantilism is manifested in many of his physical habits. His abnormal attitude toward food - he has either a great desire for or is disgusted by particular foods - has a sexual basis. His Oral zone substitutes for the genital zone.... Such a person has feelings of inferiority.... Each of these eternal infants has a specific sexual picture. Most of them are impotent, frigid or have no normal sexual relations...males lose their erections when they contact women...females become rigid or limp, as though they were paralyzed... often they prefer kissing to intercourse.... They suck the breasts and

are, as a rule, passive sexual partners. They show keen interest in urination and defecation...and may go even so far as to re-introduce enuresis and [encopresis].... These people glory in filth and dirt... The day is passed in daydreams, idleness or childish games (Ibid. pp. 86-87).

It is easy to see why such a person (for Steckel saw female psychosexual infantilists as well), out of touch with reality (having retreated totally into the fantasy world) and exhibiting such unusual behaviors would be referred for psychiatric treatment. Steckel said, "General practitioners have little idea of the strange world inhabited by the psychosexual infantilist" (Ibid.), indicating his belief that only psychiatrists could successfully treat such a difficult patient.

Infantilism is defined by one psychological dictionary as:

n. 1. a condition of body or mind in an older child or adult that is characterized by failure of development or by a regression to an infantile condition. 2. a behavior, in one who is past infancy, that resembles infant behavior. -> The term is strongly derogatory. A temper tantrum is a typical infantilism (English & English, 1958, p. 261).

Although this definition is almost 30 years old it is still accurate today. Infantilism can arise from either a fixation in development or a regression as will be, demonstrated later. The same source provides a definition of "sexual infantilism":

1. failure to develop fully the anatomical characters of adult sex....
 2. regression to, or arrested development at the level of, infantile sexuality
- ((Ibid. p. 498).

Sexual infantilism in an anatomic description is a conditions caused by hormonal deficits (Money, 1961). The latter definition is more relevant to the current discussion. Infantile sexuality does not necessarily have to use the Freudian definition (English & English, 1958, pp. 498-499); sexuality involving the use of infantile behaviors and objects is more accurate (c.f. Speaker, 1980, p. 2). Steckel's choice of "psychosexual" as a modifier is also accurate:

1. pertaining to the mental aspects of sex....
 2. characterizing a manifestation of sex having a psychic aspect.
 3. characterizing a psychic process as having its origin or cause in a somatic sexual process
- (English & English, 1958, p. 428).

Psychosexual infantilism is, then, sexual behavior, with psychic and physical origin, involving sexual arousal from the behaviors and objects of infancy. Succinctly, "the erotic return 'to babyhood'" (Scott, 1983, p. ix). In the interest of brevity

psychosexual infantilism will be shortened to infantilism and its practitioners called infantilists.

Clinical reports of infantilism are rare. A literature review uncovered five case histories involving a diaper fetish: Bethell, 1974; Tuchman & Lachman, 1964; Malitz, 1966; Dinello, 1967; and Berest, 1971. Two Czechoslovakian studies focused on "infantile sexuality" (i.e. Freud's concept of polymorphous perversity) and regression to that type of sexual orientation in adult populations: Student and Devota, 1978; and Nedoma, 1973 (Nedoma updates Steckel's research and theories) (See also Freud, 1962).

Less detailed reports of psychosexual infantilism are presented anecdotally in research on variant sexuality, e.g. Scott, 1983; Stoller, 1976; and Scharfetter, 1980. Psychosexual infantilism is almost unknown even among clinicians today, and few of those cognizant of its existence knows anything about the lifestyle of the average infantilist. This is because of the difficulty in obtaining subjects due to the secrecy in which the fetish is practiced:

Few studies of fetishes, transvestites and sadomasochists have been carried out because of the many difficulties involved in obtaining subjects. The results of those studies that have been done are hard to interpret because of the unrepresentative samples the investigators have been forced to use. Researchers become very creative in searching for

these hard-to-find subjects (Sarason & Sarason, 1980, p. 208).

The level of secrecy is so high that often infantilists themselves are unaware that others share their fetish or that support groups and specific fantasy literature has been developed solely for them.

The purpose of this dissertation is to shed some light on the psychosexual infantilist's lifestyle, define a range of infantilist behaviors, describe an "average" infantilist, discuss the fantasy literature and analyze the support systems infantilists have developed.

The problems Sarason and Sarason describe above have not been solved. The basic methodology of the present study utilized informal support networks organized by infantilists: correspondence networks. In the process of following up on the subjects of the 1980 study (Speaker, 1980) I was referred to other infantilists wishing to become part of the research. I utilized the mail for most of the contacts as anonymity was high. (Most correspondents use postal boxes and some use false names until you have gained their trust. This is perfectly understandable as this fetish behavior is not generally accepted.) Over the past six years I have surveyed and interviewed approximately fifty infantilists including three females. This research involved a literature review, extensive self-reports, several face-to-face interviews, and use of two survey instruments: The Infantilist Survey (Speaker & Heller,

1985; see also Wetmore, 1977); and the Fantasy Questionnaire (Wilson, 1978). See appendices A and B. The Infantilist Survey was also available for downloading (copying to one's personal computer) in the Alternatives (aka Paraphiles) Special Interest Group data library, Human Sexuality Section (HSX), of CompuServe Incorporated, a large public database service with approximately 300,000 subscribers. (Approximately fifty subscribers downloaded surveys between March and August, 1985; seven were completed and returned.) Most of this research is based on information provided by 27 subjects completing the Infantilism Survey (26 males, 1 female). Of these 27, 15 completed the Fantasy Questionnaire (14 male, 1 female). Six of the 27 subjects also were described in detail in my first research on psychosexual infantilism (Speaker, 1980). This latter group was used to provide at least partial information as to levels of infantilistic behavior over a five year period.

This research involves some substantial caveats. The survey group was self-selected and the survey could be answered anonymously. (One subject gave only first name and listed his residence as "California".) Criteria for inclusion were: A) self-identification as an "infantilist" defined as sexual arousal involving diapers or other baby clothing; B) over 21 years of age; and C) must have acted out infantilist fantasies as an adult. Attempts were made to control for fantasies (limiting reports to actual behavior) by following up replies with further questions if possible, requesting a short social history and use of the Fantasy Questionnaire separate from the Infantilism

survey. Respondents were also given the opportunity to describe fantasies on the Survey; it is believed they separated fact from fiction.

II. A Description of Infantilist Behavior Over a Five Year Period

An early phase of this research involved re-establishing contact with the 12 persons providing case histories in 1980 (Speaker, 1980). This contact accrued 7 of the original 12 and resulted in interesting information regarding the viability of infantilism over 5 years. Four others did not complete the survey although 2 did update case histories. One of the original subjects moved without a forwarding address.

The follow-up data is best presented as individual cases in the manner the original data were reported. Names have been changed to preserve anonymity and locations are not reported.

*"A" Ronald is now 55 years old, married and a teacher. His infantilism began with an interest in rubber pants which gradually shifted to include diapers.

He feels his interest in rubber pants was fixed by an incident at age 4 or 5 when he agreed to "play baby" with a slightly older girl...

"There may have been some small positive reactions to rubber even before the incident. I have no way to know this. However the trauma of the incident made it

* Note: the original histories were identified only by letter.

stick. I cannot remember the details and have always wished for a good hypnotist to try and go back through the experience. All I know is that I agreed to "play baby". I know I was lying down and she was going to "baby me" -- whether with rubber pants or both diapers and rubber pants. At some point...the mother came out from the house quite hysterical over our activities and banished me from there (forever). There was a fearsome German shepherd that got into the act there somewhere also. So, the very indelible impression. I am not sure I consciously remembered this experience until many years later but the mixed pleasure/fear/guilt feelings were strongly embedded.... From that time on, I was very attracted to rubber baby pants." (Speaker, 1980, p. 13).

He is still more aroused by rubber than by diapers and said that he now wears rubber pants daily. He also reported using baby powder more often than he wears diapers. Baby powder is often used as a lubricant and preservative for latex clothing:

Take in his rubber panties as soon as they are dry because sunlight injures the rubber. Baby powder will keep them from adhering and make them smell baby sweet.... (Brownleigh, 1982, p. 46, emphasis mine).

Ronald was the youngest of three children (7 years younger than the closest of his older sisters). He recalls a normal toilet training with occasional episodes of enuresis. Diapers were discontinued before age 3, although he recalls sleeping in a crib until age 5. He feels his parents treated him normally for his age. He said he was a victim of physical abuse as a child.

Ronald's first orgasm occurred around age 12 when he was masturbating "while standing in a poolhouse shower in a latex bathing suit" (Speaker, 1980, p. 14). He resumed diaper use "by personal choice" about 2 years later and experienced sexual arousal while wearing them.

Growing into adulthood he experienced sexual arousal without the presence of fetish objects, "normal heterosexual and homosexual activities". He also involved fetish objects in sexuality at times and included rubber in marital sex at one point:

After my wife "discovered" [the fetish], we experimented a few times wearing rubber pants. I was excited but also embarrassed. She even knows about my infantile desires, but we never got around to that. For awhile she let me wear as much rubber as I wanted but I always felt nervous and guilty about it. While we had some fantastic sex in rubber pants (one pair of rubber bloomers was virtually destroyed in one season!), it didn't take. It bothered her and she felt my wearing rubber pants had transvestite

overtones so we desisted. We did (and do) keep a soft rubber sheet on the bed which we both find stimulating, especially applied during excitement to the thigh and groin area. This has a practical use as well since we use coconut oil for lubrication [during sex]. This is our "compromise" (Ibid., p. 15).

Ronald was unclear about the role the fetish plays in marital sex today but said "no one" participates in his infantile activities. He described his current level of behavior this way:*

He wears diapers with rubber or plastic pants 1-2 times per month and uses a rubber sheet. He wears rubber pants daily. He "sometimes" wets himself and rarely soils. (Wetting is more common during the day.) He will sometimes drink from a bottle, nurse at a breast or use a pacifier, sometimes drinks baby formula and sometimes will use an enema. He rarely wets at night, soils the diapers, wears a bib, plays with a teddy bear or wears other baby clothing. He rarely will use laxatives for loss of bowel control or uses a diaper pail.

Ronald is likely concealing his infantilism activities

 * Definitions of frequency: never means never; rare means less than once per year; sometimes means 1-10 times per year; often means 1-20 times per month; and daily means more than 20 times per month.

from his wife, given her earlier disapproval. He notes that infantilism has "caused conflict with me and my wife". Still, he finds infantilism "a turn-on and an emotional pressure valve".

Given the choice Ronald would increase his level of infantile activities to include "periods (weekends, etc.) of complete infantilism with a partner, perhaps another male baby". (He said he has rarely acted out his "baby games" with other infantilists.) Ideally, Ronald would like to "pass" during the day ("wear diapers and rubber pants under normal clothes by day") and experience "full infantilism at night" involving more baby clothes and a more complete experience of an infantile lifestyle. He is "fairly satisfied" with both his current level of infantilism and his steady sex partner, but is pessimistic about achieving his fantasies in the future.

"B" Alex is a 54 year old married male. He works as an insurance broker. Alex expressed an interest in participating but did not return the survey. He wrote the following update:

This summer produced more revelations, openness, relaxations and enjoyment than did the years since your last survey (1980). While my accessories such as bottle, formula, pacifiers, bonnet and bibs have not yet "come out", my baby pants, diapers and rubber sheets are practically a daily pleasure...seldom is there a night without plastic or rubber pants worn

over my briefs or training pants - sometimes under pajamas, sometimes without.

About [twice as month] (bedtime finds me in a disposable diaper or several cloth diapers and baby pants, ready both for sexual play and nocturnal wetting. Each morning finds me in a sagging diaper or briefs and baby pants (dry or wet) for my 6 A.M. breakfast before showering, etc. (One hot summer morning this summer I pulled open the front door to retrieve the morning newspaper to find myself face-to-face with the delivery boy as he said "Good morning" and my plastic pants drooped beneath my pajama top - now I look before I leap....)

My side of the bed now is constantly made up with a rubber sheet "just in case". Each of the five protective sheets is now folded and stored with the standard bedding. They are youth-bed size. I prefer the three smooth, plain rubber sheets, so similar to those of my youth and my teen masturbation experiences.

Once in a great while my wife will powder me and pin on my diapers (or tape on the disposable) and put my panties on me but diapering and changing are normally my tasks.

Rubber pants are a shower-wash item while plastic pants accompany wet or spotted diapers to the basement laundry. (We've even restored the old white, blue-edged enameled diaper pail to use.) Disposables go in plastic diaper bags to the garbage.

Pre-bedtime, morning and weekend hours often find me toddling about the house in bulging baby pants with just a PJ top or sweatshirt and moccasins.

All of the above constitute an honesty, sharing, freedom and enjoyment made possible through a close, loving marriage...accentuated now that our youngsters are on their own.... A weekend or vacation at our cabin "retreat" in a secluded woods has become a true joy, even to the point of using the outdoor clothesline for drying diapers and baby pants...also an occasional airing of the rubber sheet. So open, shared and enjoyed is my other-self, that my solitary "total baby play" with nursing bottles, pacifiers, bonnet, bibs, pink plastic rhumba panties, etc. is a thing of the past or...very, very rare. Sexually, it all fits so well!, As always, we both enjoy mutual hugging, fondling and manual stimulation as much as intercourse. It is an occasional thrill to have my wife pull down my wetproof pants and diaper to initiate intercourse, yet she enjoys being brought to

manual climax as I "nurse" or cuddle, after which she'll sit up to stroke my baby pants until I "wet" (ejaculate). My actual wettings occur at night or in pre-dawn hours and may or may not result in more sexplay.

As my enjoyment of diapers and baby pants have been more expressed and shared, so has the twinge of embarrassment at being seen in them by my loving wife lessened. Now, as prospective grandparents, we can once again browse the baby departments during our shopping trips, sharing our secrets, humor and suggestive teasing which she knows will excite me (c.f. Cole, 1982). It is fun. Seldom do we pass an infants' department in our haste as we used to do, leaving me so frustrated.

Closeness, sharing, enjoying, freedom and confidences seemed to mushroom as we adjusted [to the "empty nest"]. Both being from reserved, proper, Puritan-type family backgrounds, it took till now for me to initiate [cunnilingus] to my wife and for her to admit she enjoys it periodically in our "play". It has become my true joy to soak my diapers as I "nurse" in cunnilingus fashion. While she is not disposed to [felatio] it is no deterrent to our pleasures. (It has been a long, long time since my wife has referred

to infantilism or [oral sex] as "queer" things.)

One factor [aiding communication about infantile desires] was my frequent and repeated whispers (as we neared climax) of my fear that I might "wet when I come"... I often likened the wetting-fear to wet dreams and that I once wet my pants after petting date we'd had years ago. Whispering admissions about wetting... my pants or the bed intensified my arousal and climax. My wife recognized and responded to the heightened "frenzy" I exhibited.... Thus my first appearance in diapers at bedtime came as no great shock as I revealed I wanted to "let it all go tonight". She had, for many years, always noted and marveled at my over~abundance of seminal fluid when aroused, even to the point of "spotting" my trousers profusely. These months of "conditioning" have led to an acceptance of my concern, stimulation and risk of "leaking" as a boyhood/teen-rooted fact [and] we now use, protect against and quite enjoy [the fantasy] often. As another infantilist said, "I sleep so soundly like a baby, in my diapers and rubber pants" (personal correspondence, Oct. 2, 1985).

"C" Louis is a 52 year old divorced bisexual male. (In his original case he understated his age by 5 years.) He was a bedwetter and was diapered until the age of 12.

At age 12 he attended a summer camp for handicapped children, many of whom were also incontinent. Although Louis had masturbated since age 9, he had his first sexual experience with a partner there. (A 15 year old male, also incontinent, masturbated him and taught him felatio.) He noted that his earliest orgasms occurred while masturbating in wet diapers, a variation of infantilism he enjoys still.

After 9 years of marriage (during which he kept infantilism a secret from his wife), Louis developed a bladder problem requiring surgery. After surgery he became enuretic again and

...since I enjoyed the feelings of wet diapers anyway, I began to wear diapers day and night. This seemed to turn my wife off and we had sex less and less. A year later she started seeing another man at her workplace and we were divorced (Speaker, 1980, p. 31).

Louis has the poorest health of any survey respondent. He is an XXY genotype and requires regular testosterone injections. Within the past year he was diagnosed as having multiple sclerosis and has a history of bladder and prostate conditions. (He also uses a greater number of prescription medications than any other subject: "hypertension, bladder and prostate medication and hormone injections".) As a side-effect of prescribed intermittent self-catheterization for urine retention, Louis has

lost most bladder control; "I now must wear a male urinal and leg bag at work and always must wear diapers at home", he said.

Louis considers himself a true bisexual (absolutely equal preference for males and females) although all sex in the last 5 years has involved "men who love wet diapers". Louis is also a star of the correspondence networks for infantilists having written over 250 men since his divorce.

He was the youngest of 3 children and feels his parents treated him normally for his age. He feels he reached puberty later than his peers (likely with hormonal deficits) but reached orgasm first at age 9.

Enuresis ended at age 13, but he returned to diapers at age 15. No one knew about his infantilism until he told his a wife. During his marriage he continued to masturbate in his diapers but also had a normal heterosexual relationship.

Today Louis is enuretic, wears diapers and has a rubber sheet on his bed daily. He uses baby powder, oil, lotion and a diaper pail daily and wears a "baby-style nightgown" to bed each night. He often wears plastic or rubber pants and wets during the day. At home he will often wear a "baby dress" and "is interested in meeting [another] who also enjoys being a girl baby.... I love to wear pink latex rubber panties". He sometimes uses a pacifier or baby bottle. Rarely will he use an enema or diaper rash medications. He never soils his diapers. His sex partners share his arousal by diapers, especially wet

diapers, and he also masturbates often while wearing them.

Louis denies diapers ever caused problems for him (although his fetish seems a primary cause of his divorce) and has never sought therapy. Infantilism has "helped me meet other men for baby games". He is "very satisfied" with his current level of infantilistic activity and is currently writing to a person who can fulfill his ultimate fantasy:

... a male to female post-operative transsexual who enjoys wet diapers. We just started corresponding and I have many questions to ask her.

"D" Damien is a 47 year old gay male. He was contacted and expressed a wish not to participate in follow-up research. "To divulge personal information...seems risky and made me uncomfortable about answering...your questions in detail. "
(personal correspondence, Jan. 25, 1985)

"E" Bobby is a "37 year old gay male. He has an advanced degree and lists occupation as "professional". He is one of the most prolific writers of infantilist fantasy having completed "104 episodes or stories of my own".

Bobby was not a bedwetter or a victim of child abuse. He feels his interest in diapers began in early adolescence (age 9-11):

I just remember that in junior high school I started

using towels and pillowcases as diapers and wetting them when no one was home (Speaker, p. 37).

In 1980 he described his infantilistic behavior as "... fairly regular use [of diapers]...this varies from weekend use which can be all day and night to once or twice [a week] on week nights" (Ibid.). Today Bobby wears diapers and plastic pants, sleeps on a rubber sheet and wets nightly. He uses a diaper pail daily. Weekends are spent entirely in diapers which he will wet and soil; weekdays diapers are worn only at night. 'Sometimes' he will use baby oil, powder and lotion, play with a teddy bear, wear adult-sized sleeper, sunsuit and a latex romper. He rarely uses diaper rash remedies, enemas or suppositories, or wears bibs or uses a pacifier.

Bobby is also active in the "baby party" scene, social gatherings of infantilists. At parties Bobby wears "diapers, plastic pants, booties, bonnet, diaper top or a baby dress... mainly as a costume... at baby parties, Halloween, etc....in a submissive role". He also likes to act out fantasies with other infantilists and, ("on rare occasions") will be dominant: "I love to dress...submissive partners in diapers and other baby clothes".

He said he masturbates in diapers "2-6 times per week". Sexual development included non-infantilist experiences ("normal male-male sex, normal male-female sex and S and M [sadism and masochism] as top and bottom [dominant and submissive]"). Infantilism sexual experiences include, "being both a dominant

daddy and a submissive baby; also just gay sex with diapers on (usually as dominant)".

Bobby does not believe psychosexual infantilism has interfered in his relationships, nor has it caused him to seek psychotherapy (although 5 years ago he considered therapy", not to change things but to gain further self insight" (Ibid., pp. 39-40).

Bobby has acquired a large collection of adult baby clothing, infantilist fantasy literature and has corresponded with "several hundred" infantilists in his lifetime. He has never used a professional dominant or submissive and estimates annual expenditures for the fetish at \$900. He is "fairly satisfied" with his level of infantilism but would like to be dominated by a female for dominate "an 18 year old male baby slave". Ultimate fantasies involve:

1. [Becoming] a 12-15 year old boy dominated/diapered/sissified/sexually enslaved by beautiful women (18-30). No really heavy pain but humiliation/public exposure as a baby or sissy.
2. Master of unruly delinquent boy (age 15). Return him to diapers and sissify, introduce him to gay sex. FANTASY ONLY... [would never act this out].
3. Pledge-master at a wild fraternity able to introduce homosexuality and diapers as a part of initiation and hazing.

4. Diapered (and sometimes babied)) lover to a companion/lover (male or female) who shared/respects/enjoys same (most desired fantasy).

Props for these fantasies would include "an adult-size nursery (with crib, bathinette, highchair, playpen) and a discipline room". (Bobby enjoys mild bondage with leather and rubber, mild public exposure (e.g. baby parties), humiliation and pornography.)

Describing a fantasy he desires to act out he said:

A no-restrictions day...I would not want at total infantile life but the following might be fun:

1. Sun bathing at a crowded beach in diddies and infantile outfit (and having diapers changed there in public).
2. Having a nanny [do infant care] for a weekend.
3. Going to an adult-baby birthday party where in each couple one partner was the adult and the other a baby.

Bobby is philosophical about infantilism:

I recognize that life would be socially and professionally simpler and more secure if I were "normal" (i.e. heterosexual and non-infantilist) but then I wouldn't be me would I? What I am, I am.

He wants to find "a fully understanding and loving partner (male or female)...[and] would like to see a world more tolerant of non-harmful sexual aberrations".

"F" Lawrence is a 33 Year old married male. He has an advanced degree and works as a "supervisor". He enjoys dominance and submission (usually as a submissive) and infantilism.

Lawrence, the oldest of 4 children was neither abused nor enuretic as a child and was treated normally for his age by his parents. He said he felt a desire to regress as he entered puberty:

I felt I wanted to escape the pressures of being the oldest [child] and began to have fantasies of being a baby in diapers again...[I] used to crawl I around... fantasizing I was an infant. During this time I had my first orgasm (Speaker, p.41).

In 1980 he said, "I feel I cannot share my baby side with my wife...I have carefully hidden all my baby items and only baby myself when she is away" (Ibid. p. 42). Sometime during the past 5 years he did tell his wife:

Her reaction was one of total disbelief and incomprehension. She worried I wanted to molest children or become a total infant under her care - it took a long time to explain the fetish and what it meant to her. Her acceptance has varied widely.

During a move she threw out all my baby things including a matching bib and diaper cover she had made me for Christmas. We didn't discuss it for almost a year... but my interest keeps coming back.

They have reached an "understanding" and she will now "diaper and put plastic pants on me and use baby lotion and powder about once a month when the children are gone". While diapered he enjoys oral sex with her and often will have intercourse. In between "babying" Lawrence and his wife have sex which does not involve fetish objects. He said she does not like or encourage the fetish but will sometimes joke about my interests".* He describes his current level of infantilism 'as use of diapers, plastic pants, baby oil and powder, and using a baby bottle "sometimes" (1-2 times per month). He rarely wets the diapers, nurses from a breast, wears a bib, booties, and uses a pacifier and eats baby food. He never soils himself. He described himself as a "latent baby" (little or no opportunity to act out his fantasies) although few infantilists have as willing a partner.

Other than a participating partner, Lawrence is also unusual in that a peer knew of his fetish at age 15:

I once told a steady girlfriend about my interest in wearing diapers and plastic pants at about 15 years old. (I guess I wanted her to 'baby me' as we were

* See also K. C. Cole, 1982

having regular manual and oral sex - no intercourse.)
She reassured me I was OK, and then dropped the subject permanently.

Besides his wife and the girlfriend, correspondents (about 35 men in the past 8 years) knew of his interest in infantilism. Lawrence is "fairly unsatisfied" with his present level of fetish activities and would like to increase the frequency of opportunities to act out the fetish; "I would like to have my spouse engage in "diaper discipline" [dominance involving the forced wearing of diapers] with me more spontaneously. Without restriction he would "wear diapers nightly". His ultimate fantasy is "being forced into diapers and an infantile lifestyle for a week or more...". Props for this fantasy include: "cloth diapers, plastic pants, diaper pail and baby clothes", and the participation of "former [female] lovers taking dominant roles over me". He is pessimistic about achieving these fantasies but feels he can reach a level of "less fear and more understanding" with my wife.

"G" Richard is a 40 year old gay male. He did not complete the survey but sent this update of his case history:

...[I]t has been a while since we've communicated. In fact, there have been times when I wished that we had kept up the communication. I suppose I had something or other to talk over with you but since we hadn't talked in so long I just let it pass. Anyway, I'm just into my thick night diapers and will sit down to write

a little before bedtime. I have had a very busy schedule for the past few months and somehow kept putting off writing to I you. I confess I'm not into filling out that quite lengthy survey but will respond to parts of it.

I am still very much into the scene with diapers. In the past 5 years my need for them has remained constant. I am always trying new things: new pant styles, new diaper styles, etc. I don't think I use diapers as often at work as I did 5 years ago. [He is an office clerk.] This is partly due to the fear of leakage in front of my coworkers or fear that the bulk of the diapers might appear too obvious. I do feel there are more things on the market now for adults with incontinence problems. Wonderful! The latest craze - the home health care movement - has helped a lot, too. One can readily pick up disposable diapers, plastic pants, etc. at any pharmacy rather than having to go to a medical supply store. I find it all rather exciting.

At this time I do not have a lover. That's OK with me. I'm quite content to be by myself with the diapers, of course. I do enjoy sexual encounters with gay men who

like the diaper scene. Diapers are not a strict requirement for sex but are most certainly preferable. Over the past 5 years I have come to know many men [who] enjoy and use diapers and baby items. This has been helpful to me in that I am more accepting of my own use of diapers. I hardly ever use other baby items (such as bottles, pacifiers, dolls) any more. I have these and will use them if I'm with a partner who likes them. I use diapers (cloth or disposable), plastic and occasionally rubber pants...diaper pins and sometimes baby powder, oil or lotion. I regularly use a diaper pail. My diaper fantasies have not changed over the past 5 years.

There is one notable change, that would be my use of catheters. I have a lot of experience with internal as well as external catheters. Due to the risk of infection involved in the use of internal catheters (and having experienced one) I have, alas, come to limit myself to external catheter use only. A couple of comments:

1. Use of catheters does not excite me like the diapers do. (They even turn me off at times - leg bags, straps and all.)
2. I enjoy catheters because they allow me the feelings of wetting without actually doing so. They are great for use at work or while in public. (No worries about bulk or

the (slight) risk of leaking.) Using catheters cuts down on my diaper laundry, and is cheaper than disposable diapers. (A disposable diaper might cost \$.65-\$.70 and can only be wet about twice before changing. One disposable catheter costs \$.79-\$1.15 but will last all day.)

What I don't like about catheters is that I miss that warm wet feeling (and odor) associated with diapers. So now I use a catheter only as it suits me. If I get tired of it or prefer a diaper, I change to diapers. The catheter seems to be the adult way to deal with incontinence and I much prefer the babyish way - diapers - yet, for the sake of convenience I give in and use the catheter at times.... I'm able to wet whenever (diapers or catheter). Sometimes I'll even wear diapers with the catheter still on (no bag or drainage tube) usually at night when I know I'll be using a catheter all the next day.*

I remember I once wrote you about some conflict I was having about this whole scene [infantilism] interfering

 * Richard was taught catheterization by Louis. Louis' favorite sensation from catheter use was loss of bladder control: "Now once or twice a week I use a Foley #14 indwelling catheter for wetting my diapers uncontrollably" (Louis, personal correspondence, Sept. 16, 1984).

with my spirituality.... I've made some progress with this [issue] but I don't know if I'll ever get to the point where I think the ratio [time spent on each] is comfortable. You understand, I don't think there's anything wrong with diapers and the catheter but I do still get quite "carried away" with it mentally, physically and, especially, emotionally.

...on the matter of my spirituality versus my obsession with the fetish. I think it could be a matter of disciplining myself to spend time thinking about God or praying, wouldn't you say? I engage in the scene to fill some emotional need, but by choice. I prefer it and enjoy it. If I had the choice I would increase somewhat my level of infantilism. My present level is best described by your category "Toddler" [See appendix A]. It is true that I am most always using a catheter (daytimes at work) or diapers (all other times). I am almost never without one or the other. Others in the scene are the only ones who know of my interests. (One or two of my family members know about it but will not openly discuss it in any way, even on the rare occasion I have mentioned it.)

I do receive the D.P.F. [Diaper Pail Fraternity] publication and often others send me stories related to

infantilism. I keep a scrapbook of photos of other men in diapers (no women), cartoons, newspaper clippings, etc. and all related subject I matter (diapers, infantilism, incontinence, etc.). I am alone in [infantilism] except for the occasional participation of a friend.

My fascination with catheters...rather confuses me. It is not an infantile practice (although the freedom to wet at any time may be)" (personal correspondence, Dec. 12, 1984).

"H" Salvadore is now a 51 year old widowed male. He moved without a forwarding address. In the last letter he said:

I am still into wearing diapers and rubber and nylon panties and am very much a man who appreciates women. My wife will have passed away almost 4 years now and I still miss her. I am open to getting married again, but haven't found the right woman yet. I won't give up hope (personal correspondence, Feb. 28, 1982).

"J" Ricardo is a 49 year old widower. He has a bachelor's degree hand works as a "professional". He enjoys bondage and infantilism.

The youngest child, he was enuretic "1-2 days a month" until age 15. If he wet the bed 2 nights in a row his mother would

diaper him until he had a dry night. This occurred regularly. (He said he also wore diapers during the daytime after his third birthday.) About "age 10 or 12 I realized I liked wearing the diaper and also liked the rubber sheet although each was extremely embarrassing" (Speaker, p. 50). He went and bought his own diapers and rubber pants about this time for use in masturbation 3-4 times per month. He continued diaper use after his mother discontinued it. He said his parents treated him as normal for his age and did not use diapers in a punitive way:

She carefully explained that the diaper was to help me. It would keep me warm and also help keep down [the amount of] the laundry.... Without a dryer my washed diapers had to be hung out on the clothesline to dry.... It did not seem that she did it to embarrass me. It just seemed practical... " (Ibid.).

Ricardo feels his mother "suspected [his attraction to diapers] and was mildly negative toward it". He has never had a partner participate in infantile activities. All marital sex occurred without the presence of fetish objects.

Ricardo says he wears diapers and rubber pants daily, sleeps on a rubber sheet and wets at night both consciously and in his sleep. He will sometimes wear plastic pants or a romper suit, wet during the day or use diaper rash medication. (He uses baby lotion, powder and a diaper pail daily.) He often wears a diaper-top, nightgown or sleeper. He has never nursed at a breast but has "rarely" tried all the other choices including

using a highchair, playpen and crib. No one participates in infantile activities but he is an active correspondent with others. He functions at the "toddler" level and masturbates in diapers "2-3 times per month". He noted an interesting phenomenon:

After masturbation the whole idea of infantilism is repugnant for about 1-2 hours. Interest slowly returns and is back to normal in about 8 hours.

Infantilism "mildly restricts relationships", he said, but also "makes me feel good and settles me down when I'm upset". He is heterosexual but not currently in a relationship. Ricardo once consulted a psychiatrist about the fetish: "he said to do it as long as it doesn't interfere with my life".

Ricardo would increase his level of infantilism to be more "the life of a baby being cared for" which he envisions as:

Wake up with wet diapers; be fed cereal and formula in a high chair; given a bath, diaper changes; play in a playpen or outside on a porch; baby food for dinner; diapered and rubber pantied for bed; sleep in a crib.

Props to be included are a crib, baby clothes and a playpen and his fantasy would involve "an understanding female" to mother

him. He spent \$200 on infantilism last year and is "very satisfied" with current infantilism although he wants to introduce more variety to his fantasies.

"K" Susan is now a 29 year old married woman. She was the only woman to answer the 1980 survey and was a teacher at that time. Susan was enuretic (as was most of her family) and did not ever gain complete control of her bladder. Early sexual experiences involved diapers occasionally but she also had heterosexual and lesbian sex which did not include infantilism (Speaker, pp. 54-56).

Susan did not answer the survey. In her last letter (1982) she noted upcoming changes:

I am currently enjoying a wonderful relationship with a guy I met at the school about a year and a half ago. We actually have gotten very serious and are looking toward marriage sometime late this year or early next.... He knows about my bedwetting, and my method of dealing with it [diapers], but I don't think he fully realizes what wearing diapers and "babying out" means to me. We have talked about it, and I think he has an idea how turned on I get when in diapers, but I've moved very slowly and have let him absorb (a little pun) a little at a time. When we first slept together I had to go out and get some real adult-style incontinent pants. I'm using Kleinert's Hygias [plastic pants] because they give me the babyish

effect I like and yet are adult-style on packaging, etc... My next step will be the Gerbers and then on to the [really babyish] stuff. I just feel if I were to show up in my "rhumba seat" panties or baby print vinyl pants, he might not be able to handle it... Right now, when he sees me in diapers he thinks I'm "adorable" (personal correspondence, March 26, 1982).

"L" Carlos is a 39 Year old gay male living with his lover. He is a banker.

Carlos was the oldest of 4 children and was out of diapers by age 4. He said he felt an interest in regression off and on after that time, but it was as a 12 year old, caring for younger siblings in diapers, that he started wearing diapers, plastic pants and wetting again. Masturbation also began about this time; first orgasm was at 13. Puberty was at the same time as peers and his parents treated him age-appropriately. At "15 or 16 I was introduced to gay sex by a 60 year old friend of the family but I wanted it and participated freely".

Carlos had "alot of homosexual experiences when I came out, for 4 years afterward and continuing with my lover" not involving infantilism. Infantilism has involved "diaper friends I have made over the years... with the real cute ones, after wetting and changing diapers we'd end in sex".

Carlos keeps a rubber sheet on his bed. He wears diapers and plastic pants, and uses baby powder, oil and diaper pail

often. He will soil his diaper sometimes. He rarely uses a bottle, pacifier or bib. "Friends" participate in infantile activities with him although it appears his lover does not. Diapers serve him "in personal life as a stress reducer; in my relationships they work as a way to reduce sexual tension and problems of mistiming and minimizes urges for cruising or sex hunger not satisfied in the relationship".

Carlos is "fairly satisfied" with his level of infantilistic activities and would not change anything. He estimates his expenditures as \$150 last year.

His ultimate fantasy:

Have 1 or 2 teenagers spend the month with me. They turn out to have bedwetting problems and have to have diapers put on to protect them. Or befriending a next door teenager who is a bedwetter and showing him how to protect himself by diapering and putting plastic pants on him when he spends the night.

He is held back from acting the fantasy out by "social and legal restraints". Carlos would like to find "other diaper friends in my area to visit and share diaper experiences with or to have... a diaper party where diaper people attempt to communicate with each other with less shyness".

"M" Sonny is a 41 year old bisexual male. He is an actor. The oldest of 2 children, he was not a bedwetter nor abused as a

child. He thought his infantilism originated in sibling rivalry:

At age 4 1/2 my baby brother was born. I remember my mother diapering, and giving him much of the attention that, prior to his birth, had gone to me. I guess I was jealous... and began to have fantasies of wearing diapers. From then through my teenage years I made diapers and plastic pants from pillowcases, old sheets, towels and plastic bags. I had my creations.... when I started to have wet dreams I wore the diapers to protect the bed sheets (Speaker, p.61).

Sonny was a pioneer in infantilism in that he set up perhaps the first correspondence network for this fetish:

At that time (1968) I was reading the LA Free Press, The Advocate, and the East Village Other looking for ads from anyone into infantilism. I read every issue for several years and saw nothing. I thought that maybe I was the only one into this scene. Finally in 1970 (or '71), I placed an ad in the LA Free Press, the first time for an infantile ad to my knowledge. (The LA Free Press refused my ad at first thinking I wanted to have sex with babies!) I got four letters from that first ad and each was very exciting!!

Over the years I've placed ads in Fetish Times, The Advocate, Rubber Life and other publications. I've

met and corresponded with several hundred guys. Most have been straight (since there are more straight people in the world) and many married. And most have wives that just "don't understand". I've met people from all walks of life, all professions and ages. I know people everywhere and it has become almost a hobby rather than a fetish! But it still turns me on. I've found that people into this thing usually fall into two categories: (1) those really into infantilism, i.e., playing an infant with all the equipment [and] with a (dominant) mother or dad, and (2) those who just like wearing diapers, wetting or soiling them in the process (as adults) (Ibid).

Sonny felt his parents treated him age-appropriately but that he reached puberty later than his peers. (First orgasm with a partner was at age 19.) He described his attraction to diapers as, "a mysterious high as a child (5-12) [and] more erotic as a teenager". He said he has had "very satisfying" hetero- and homosexual experiences not involving diapers. Sex with diapers on is "even better than without when used as foreplay".

Current level of infantilism is described as wearing diapers, plastic pants and a sleeper often, and combined with use of baby powder, lotion and oil. He often wets during the day, sometimes at night; he soils sometimes. He sometimes wears

rubber pants, a bib, pacifier, diaper tops, a romper or sunsuit. He sometimes eats baby food, sleeps in an adult-size crib and plays with a teddy bear. He rarely uses a rubber sheet, breastfeeds, uses a high chair or playpen, diaper-rash ointments, enemas, drinks formula or uses a diaper pail.

Sonny wets occasionally all day; he wets both awake and asleep. Infantilism friends participate in activities with him. (He has organized baby parties in his area attended by 6-12 men.) Sonny says his infantilism level is at the "toddler" stage.

Diapers are still very arousing and he masturbates "every time I wear them". He is not currently involved in a sexual relationship and notes his use of diapers "has turned off several lovers (male and female)". Infantilism also:

has given me much pleasure. I think of it as a bonus in my life.

To Sonny infantilism is both a type of foreplay and a lifestyle. He estimates last year's expenditures on it as around \$200.

Questioned about his fantasy Sonny said:

As I grow older I still want to remain a baby and constantly seek...interested daddies and mommies. This is my ultimate thrill. However, I also want to find a young man (almost impossible to find a young

woman it seems) to regress almost totally for (long periods of time. Complete infantilism. Last year I bought an adult crib to help in this future activity.

His ultimate fantasy is "to become someone's baby boy, in diapers all the time". Props would include: "more baby clothing and a room in my home [equipped as] a complete nursery". "Just my friends" would be involved. His taboo fantasy (arousing but would never want to act out) focuses on permanent alterations: "teeth removed and other medical alterations to make me more baby-like".

Sonny is very satisfied with his current level of infantilism and would like to see "fewer companies taking advantage of people by offering [infantilist] items at ridiculous prices [and] more mutual support among infantilists".

How did infantilism behaviors in these people change over 5 years? The most obvious finding is that no one stopped practicing the fetish despite major life changes. For some the change was loss of a marital partner (Salvadore and Ricardo) and the result appears to have been increased infantile behavior. The restrictions posed by the change was acquisition of a husband; she was teaching him to accept her "handicap" (enuresis) and her response to it. Such acceptance would mean a continuation of her current high level of infantile behavior. Alex's wife has

participated in his infantilism for sometime after he encouraged her to do so:

My wife's slow head-shaking mixed with open mouth, smiles and loving eyes let me know she finally understood it all as it was presented in total perspective (personal correspondence, July 14, 1984).

Lawrence has reached an "understanding" with his wife which allows infantilism play once or twice a month.

None of the gay or bisexual men have a regular partner who participates with them in infantile activities, but most have relationships with infantilists which involve at least social if not sexual activities. Some of these relationships are limited to correspondence (e.g. Ronald whose wife is turned off by the fetish). Others are more social than sexual (e.g. Alex, who describes a friend as: "a very close baby-pal...with whom I rendezvous, shop and play - sometimes just a cocktail, meal and conversation - 2-3 times per year". Some are solely for sexual purposes (e.g. Carlos: as a way to reduce sexual tension). Each of these people, responds to sanctions of the fetish whether from lovers, coworkers or others and tailors expression of the fetish toward "passing", blending in with "normal" people. Powerful drives encourage acting out and equally powerful constraints, (guilt, embarrassment) limit expression of their fantasies. The majority of this group felt infantilism was less "in the closet" than 5 years ago (judging by the number of articles in sexual

magazines like Forum, Letters and others) and their feelings of isolation ("I'm the only one in this scene") were lower. Not one considered infantilism "mainstream" sexual activity, though.

III. The Infantilism Survey.

There were 27 respondents to the Infantilism Survey (26 male, 1 female). (Six of these males were members of the study group from 1980). Figure 1 presents data on the ages of the respondents, 2 is residential data and 3 is occupational data. See Appendix A for sample Questionnaire and details of responses by question. Data to several questions are presented in figures 1 - 14. (Figures can also be found on pages 61 - 66).

Using the survey responses it is possible to create a portrait of an "average" survey respondent. He is male (better than 99% are) and about 38. He works a white collar job (management or professional). He is heterosexual and is married or living with a sexual partner. He has completed a bachelor's degree and some graduate courses. Looking at sexual preferences he enjoys dominance and submission (usually as a submissive). D & S activities will sometimes involve infantilism.

"Alvin" (our average respondent) is more likely to have been the oldest or youngest child than a middle sibling. He was not abused as a child and his parents treated him age appropriately. He was, however, enuretic. Bladder control was not achieved until age 5 at which time Mother ended the use of diapers.

As he matured Alvin found he reached puberty at approximately the same age as peers, and had his first orgasm at

age 12. He returned to diapers, by choice, by age 14. Sexual orientation during adolescence was heterosexual and he had normal adolescent experiences with girls. When in diapers, however, he was aroused and continued to masturbate in them in secret.

In adulthood Alvin gained further heterosexual experiences without diapers being present. He is also likely to have acted out infantile fantasies with a partner. He is a moderate to heavy social drinker, wine being the beverage of choice 1-5 times per week. He is unlikely to use prescription, over-the-counter or street drugs more often than once per month.

Describing current infantilism activities he says he wears diapers and plastic pants often (1-20 times per month). Rubber pants are sometimes used. He has a waterproof sheet on his mattress daily. He wets his diapers less frequently than he wears them and must wet consciously (i.e. he is not enuretic). The wearing of diapers occurs mainly at night although occasionally he will wear them all day (24 hours). He is unlikely to soil himself. Other infantile practices include sometime use of a baby bottle, pacifier and a bib. He is not likely to have adult-sized infant furniture such as a crib, highchair or playpen. (One source priced an adult crib, custom-made, at \$1,000) (L'lemart, #2, p. 6).

Diapering regularly involves use of baby powder, and less frequent use of baby oil, baby lotion or diaper rash medication. Use of drugs to reduce bowel control (soap sticks, enemas and laxatives) is rare. Alvin seldom wears other types of baby

clothing (e.g. booties, bonnet, diaper top, sleepers, etc.). Despite regular wearing of diapers, use of a diaper pail is also rare (perhaps because of infrequent soiling or wetting - diapers can be included in the regular wash without special handling. Disposable diapers (e.g. Attends, Ambeze or Tranquility "disposable incontinent briefs") are often worn but cloth diapers were preferred by most respondents.)

Approximately one-half of all infantilism experiences involve a partner, usually a "lover or friend", and less frequently a spouse. He engages in infantilism because "he prefers and enjoys it". Wearing diapers is sexually arousing and he regularly masturbates to orgasm while in them.

This average respondent is likely to be involved in a heterosexual relationship, but, the lover is not likely to participate in infantilism activities. Masturbation and the use of fantasy literature are likely to enhance maintenance the fetish. Few infantilists are unaware that fantasy literature exists, for the fetish. (See fig. 9 for the titles in one infantilist's collection.)

Use of diapers has caused problems for Alvin, usually in the form of damaged relationships, but therapy is seldom sought as a remedy. Positive aspects of infantilism are stress reduction and a reliable "turn-on". (While acting out the fetish he is usually the submissive "baby" although he is. able, on occasion, to play

a dominant "grownup" to another infantilist.) Psychosexual infantilism is seen as a lifestyle and he spends approximately \$325 per year to act it out. He is unlikely to have used the services of a professional dominant or submissive.

Alvin would like to have a more interested and supportive sexual partner, one who encourages fulfillment of ultimate fantasies. His ultimate fantasy would be a variation of the following story:

I am an orphaned, grade school boy. Being alone in the world I have survived by becoming very mature and responsible, so much so that the people running the orphanage tend to forget that I really am still a little boy. At some point a couple comes to the orphanage looking for a child to adopt. They walk through the dormitory looking at the children, but the wife keeps looking at me. Somehow she sees through the exterior facade I have learned to project to the outside world. She sees the lonely, scared, vulnerable little boy who desperately needs a mommy and daddy to love and care for me.

After they adopt me, my new Mom and Dad quickly let me know that I am not expected, indeed will not be allowed to be as responsible for myself as I previously was. Item-by-item they assume the responsibilities themselves for study and playtimes, eating, bedtimes, clothing selection and dressing. In

their efforts to meet my needs and foster relationships within my new family they succeed in creating in me a juvenile dependency more typical of a pre-school boy than a child of my natural age. My relations with Mommy and Daddy expand from emotional to behavioral and even physical dependence as I slide into a new, very toddler-like status.

...I envision awakening in a room which seems in transition from nursery to a little boy's room (or is it going the other way?). Taken from my crib I begin the day with the same sort of breakfast any other toddler boy might have, complete with highchair, bib, cereal in a cute little dish, and a bottle of milk. Mommy soon has me changed from night-time diapers and sleepers to a light-weight training panty and little boy school clothes as it is a school day. I grab my lunch box and a big hug from Mommy and Daddy and head for the school bus.

I like going to school. The work is interesting and I'm a pretty good student. I also do pretty good acting like the other guys; they seem to like me and play with my friends until my baby sitter drives up to take me home.

This lady takes care of me in the afternoon until Mommy and Daddy get home. She dresses me in play clothes, with heavier training pants, and lets me play

in the yard. By the time my parents get home I'm feeling pretty hungry, pretty sleepy and pretty "little". Dinner is ready soon, again in the high chair, followed by some before-bed play. Mommy gets me ready for bed, reads me a story and tucks me into my crib, with my teddy bear ("Howard", a 35 year old bisexual male).

Ultimate fantasies include more props than current behavior e.g., baby clothing and furniture. In fantasy, partners are supportive and more dominant than in reality. Most infantilists also have "taboo fantasies", fantasies which are arousing but would not ever be desirable to act out. Two main elements of these are extreme alterations of reality (e.g. surgery to make one more babyish, for example permanent incontinence, permanent infantilization or permanent institutionalization or severe dominance (e.g. torture)) or public exposure of infantilist desires and behaviors in current social environment to friends, parents or coworkers.

In an attempt to gain more information on infantilist sexual preferences, survey respondents were encouraged to answer the Wilson Sex Fantasy Questionnaire (Wilson, 1978; Gosselin & Wilson, 1980). The questionnaire was returned by slightly more than one-half of the survey respondents (N=15). One advantage of this questionnaire is that Wilson normed the answers with

control groups. He also surveyed sadomasochists, rubber and leather fetishists, transvestites, transsexuals and dominant women. These variant groups can be compared with infantilists.

The Fantasy Questionnaire consists of a frequency rating indicating how often sexual fantasies involving certain themes occur. Fantasies during daydreaming, during sex, and during sleep are rated as well as how often these fantasies are acted out and how often one would like to act them out (see Appendix B).

To score the Fantasy Questionnaire one adds ratings in the "Have Done in Reality" column. Items are grouped into 4 themes: exploratory, intimate, impersonal and sadomasochistic:

A statistical classification technique called factor-analysis was applied to the results to reveal four main types of sexual fantasy. These were; (1) Exploratory, including themes such as group sex, promiscuity, mate-swapping and homosexuality; (2) Intimate, including kissing, oral sex, outdoor love and masturbating a partner; (3) Impersonal, e.g. sex with strangers, watching others make love, fetishism, using objects for stimulation and looking at obscene pictures; and (4) Sadomasochistic, e.g. whipping or spanking, being whipped or spanked. Note that this classification was arrived at by empirical clustering, not by theory or intuition (Wilson, p. 134).

The Fantasy Questionnaire was completed by 14 males and 1 female. The range of the male scores as well as the mean is presented in figure 13. The female response is compared with male mean scores in figure 14.

Gosselin and Wilson (1980) discuss the fantasy themes in relation to the scores of the variant groups:

These yield some interesting comparisons: transvestites, for example, show a surprisingly low incidence of intimate fantasies, almost as if such themes, if played out in practice, would lead to conflicts about their gender identity. But the high incidence of intimate fantasies among the other variant groups counters the often heard suggestion that these groups adopt their deviant practices because they are incapable of, or not interested in, sex within the context of a loving relationship.

The rating differences for exploratory themes are not great enough to distinguish variant from control groups (although the sadomasochists have the highest score in this category), and this may come as a surprise to those who were under the impression that variability is the hallmark of those at the frontiers of sexual exploration.

The rubber fetishist group scores highest for impersonal themes as might be expected for a variation

that seems at least in some measure to transfer sexual attention from human beings to the inanimate. Interestingly the leather fetishists are not so clearly distinguished on this factor, although they, and the sadomasochists are noticeably higher in this category than the control group.

The sadomasochistic fantasy category most strikingly distinguishes all the variant groups from controls - not just the sadomasochists themselves, who of course have the highest score of all. The implication that all the variant groups are preoccupied to a greater-than-average extent with the power elements of sexual relationships - dominance and submission (which may or may not include an interest in physical hurting or being hurt) - is of considerable theoretical interest. If simple avoidance of human relationships were at the root of these variations, they would be distinguished more clearly in the impersonal fantasy category, which might have been sufficient to characterize the fetishists and transvestites with only the sadomasochists being identified on the sadomasochism factor.

The fact that the fetishists and transvestites also have sadomasochistic interests could be interpreted as

evidence that all our variant groups are alike in seeking particular social relationships for their sexual pleasure. We have already seen that submission is an element that is particularly popular among our variant groups (Gosselin & Wilson, pp. 81-83).

Median scores for male-infantilists fell close to the norms on the exploratory and intimate themes but were almost double control group ratings on the impersonal (similar to the rubber fetishist group scores) and almost triple the score control groups had on the sadomasochistic fantasy scale (See figure 13 and 14). These results point out that sexual attention in fetishists is transferred to non-humans objects and that infantilists are even more concerned with the erotic aspects of power in their relationships than with the object itself. Infantilists find wearing diapers arousing, but acting out with a dominant partner is especially arousing. Note that 20 of 27 survey subjects responded affirmatively to the question "Have you ever had sexual experiences with a partner which INCLUDED the use of diapers or baby items?". Remember that the admission of infantilism had "caused problems for you, either in personal life or in a relationship" for 19 of 27. That the risks of rejection, guilt or embarrassment is so high and that so many infantilists seek the involvement of a partner despite these risks indicate how important a role dominance and submission plays in infantilist behavior. The rewards of heightened arousal are felt to substantially outweigh the risks and compel the infantilist to seek out a dominant (in some cases submissive) partner with

whom to act out the fantasy. Compare this finding with the scores of the control groups and it is clear that dominance and submission is not a peripheral practice of psychosexual infantilism, but rather one of the two main behaviors (along with infantile objects) defining the fetish.

Figure 11 compares infantilist mean scores with those reported by Gosselin & Wilson who explain the scores this way:

The fantasy output scores suggest that the variant groups, especially the sadomasochists are higher in libido than the controls. Only the transvestites score about the same as normals on total fantasy output. There are, however, reasons for supposing that these figures may exaggerate the sex drive of the variant groups. We have already seen suggestions in our data (to be confirmed later) that there is a greater discrepancy between fantasy and behavior in the variant groups than in the controls. This is presumably because, as we have said, it is often more difficult to act out variant fantasies than conventional ones. Sadomasochistic fantasies in particular are likely to be difficult to put into practice. Thus, although the correlations among the different sex-drive measures are

high, their levels do not fully correspond (Ibid., pp. 83-84).

Figure 12 compares mean scores of infantilists with those reported by Gosselin and Wilson on measures of sex drive and satisfaction. Infantilists report "4-5" orgasms per week with a comparable standard deviation. This is a greater number than any of the other groups but the respondents group included 6 subjects reaching orgasm "6 times per week or more". (Seven of the 27 survey subjects reported daily use of diapers with every survey respondent reporting "masturbation while wearing diapers".)

Infantilists report approximately "3-10" sexual partners in their lifetime, a figure less than the control group and in the middle of the variant groups. (Mean age of the subjects was 37.8 years; today the mean age of first intercourse for boys is 15 years.) (Raasch; 1985, p. 10).

Infantilists rate themselves as having "above average" sex drives, but this figure may also be inflated by daily contact with the sex object. They also report "reasonable satisfaction" with their steady sexual partner. This level is slightly higher than sadomasochists, equal to the reports of rubber fetishists and less than controls. The level of satisfaction correlates with whether a partner is needed or not:

Fetishism and transvestitism may be carried out without a partner, and in fact, are often preferred that way, so the partner can be assessed on the other forms of

sexual enjoyment. The sadomasochist, on the other hand, needs a partner for the fulfillment of his desires. Seldom can self-bondage or self-flagellation be very effective as a sexual turn-on. If then, the partner does not participate in the sexual ritual, she is likely to be judged adversely" (Gosselin & Wilson, p. 86).

Variant groups are "inclined to be less happy and fulfilled in their sex life than the control group" (Ibid. p. 87). Need for a partner to assist in infantile behavior (by dominating) and the difficulty, in obtaining and maintaining these relationships does affect satisfaction levels.

<u>AGE</u>	
<u>Age</u>	<u>(n)</u>
26	1
29	1
30	1
31	1
32	1
33	2
34	1
35	3
36	1
37	2
39	3
41	2
43	2
45	2
46	1
49	1
52	1
55	1
n=27	27

Figure 1

<u>RESIDENCE</u>	
<u>State</u>	<u>(n)</u>
Arizona	1
California	4
District of Columbia	1
Florida	1
Georgia	1
Idaho	1
Indiana	1
Maryland	1
Missouri	1
New Jersey	1
North Carolina	1
Pennsylvania	4
Virginia	2
Wisconsin	1
CANADA	2
ENGLAND	4
n=27	27

Figure 2

OCCUPATION

<u>Occupation</u>	<u>(n)</u>
Accountant	1
Actor	1
Banker	1
Businessman	1
College Professor	2
Computer Consultant	2
Librarian	1
Manager	7
Meat Cutter	1
Printer	1
Professional	2
Psychologist	1
Research Scientist	1
Salesman	2
Software Engineer	1
Teacher	1
n=26	26

Figure 3

AGE AT BLADDER CONTROL

<u>Age</u>	<u>(n)</u>
3	1
4	1
5	3
6	1
7	1
10	1
12	1
15	2
22	1

n=12 12

Figure 4

AGE AT FIRST ORGASM

<u>Age</u>	<u>(n)</u>
9	1
10	1
12	6
13	5
15	2
16	1
17	1
19	1
21	1

n=19 19
Don't remember=8

Figure 7

AGE AT WHICH DIAPERS DISCONTINUED

<u>Age</u>	<u>(n)</u>
4	2
5	3
7	1
14	1
15	1
22	1

n=9 9

Figure 5

AGE DIAPERS USE RESUMED

<u>Age</u>	<u>(n)</u>
4	1
5	2
6	1
7	1
9	1
10	1
11	1
12	2
13	1
14	2
15	5
17	2
18	1
20	2
22	1
27	1
28	1
29	1

n=27 27

Figure 8

AGE LAST SLEPT IN CRIB

<u>Age</u>	<u>(n)</u>
1.5	1
2	3
5	1
7	2

n=7 7
Don't remember=20

Figure 6

Baby Skip's Library

A New Life in Dresses & Diapers	Jeannie Do It in Your Diaper
Adult Babyland Directory 1 - 3	La Boutique Sissy
Adult in Diapers	Letters
And Baby Makes Three	Letters to Florence
Baby Heaven 1 - 3	Life Punished in Diapers 1 - 3
Baby Letters 1	My Dream Come True
Baby Puddin' Finds Love	My Sister's Diapers
Baby Puddin' New Friends	Naughty Babies 1 & 2
Baby Week 1984	Nugget
Babyland Dreams 1	Pamper
Back to the Diaper	Peter's Vacation
Bedtime Stories 1 & 2	Petticoat Manor
Big Babies Questions & Answers	Playboy Advisor
Big Boys Don't Wear Dresses	Return to Babyland
Bladder Chatter News Letter	Return to Childhood
Boy in Wet Panties	Rubber Life 1 - 10
Brownleigh Drawings 1 - 38	Ruffles For Robert
Case Histories	School for Girls
Coloring Book Fun	Sex in Rubber Pants
DPF Letters	Sexual Infantilism in Adults
DPF News Letter	Sleeping Like a Baby
DPF Product Review	Strange Sex Practices Vol. 3
Diaper Dominance 1	Tales From the Crib 1 - 14
Diaper Time	Tantrum
Diapered & Pantied 1 & 2	The Advocate (national gay newspaper)
Didee Dreams 1 & 2	The Bride Wore a Diaper
Doctor Plays Baby Games	The Crib Sheet 1 - 39
Dominated & Diapered 1 - 4	The Many Lives of Jonathan
Donald's Baby Dreams Come True	The Play Pen 1 - 9
Erolastica	Time Turned Back
Eugene Eunice 1 - 5	Train Journey
Fetish Times	True Baby Experiences 1 - 3
Forever in Diapers	True Baby Letters & Experiences 1 & 2
Forum	Turn-Ons
HIP Resource Guide 1984	Variations
House Mother	Vibrations
Husband in Rompers 1 - 3	Why Doctor Why
In the Wee Wee Hours of the Morning	X Letters
Infantile Analysis 1	

Figure 9

AMOUNT SPENT ON INFANTILISM LAST YEAR
(in dollars)

Amount	(n)
0	1
30	1
50	1
100	4
150	3
200	2
250	2
300	3
400	1
500	3
900	1
1500	1
n=23	23
unknown =	4

Figure 10

Mean scores of variant and control groups on four main categories of sexual fantasy derived from the Sex Fantasy Questionnaire. (Wilson, 1968).

	Intimate	Exploratory	Impersonal	Sado-masochistic	Total
Sadomasochists	19.5	11.3	12.8	17.8	61.4
Rubberites	17.4	8.6	13.0	12.8	51.8
Leatherites	15.0	8.7	10.9	13.2	47.8
Transvestites	13.1	7.2	7.4	8.7	36.4
Infantilists	23.0	13.4	17.6	18.0	72.0
Controls	16.9	8.1	7.6	2.3	34.9

Figure 11 Male infantilist mean scores by category
(Adapted from: Ibid. p. 81)

Mean scores (and standard deviations) of variant and control groups on measures of sex drive and satisfaction.

	Sado-masochists	Rubberites	Leatherites	Transvestites	Infantilists	Controls
Orgasms per week	2.62(1.3)	2.41(1.1)	2.63(1.1)	2.15(1.1)	3.00(1.1)	2.46(1.3)
No. of partners	3.32(1.1)	2.72(0.9)	3.26(1.1)	2.64(0.8)	3.14(0.8)	3.56(1.0)
Self-rated libido	3.27(0.9)	3.04(1.0)	3.21(0.8)	2.86(1.0)	3.57(0.8)	3.20(0.9)
Satisfaction with partner	2.94(0.9)	3.00(1.1)	3.40(1.4)	3.32(1.0)	3.00(0.7)	3.38(1.1)
Overall sexual satisfaction	2.42(1.0)	2.65(1.1)	2.92(1.3)	2.64(1.1)	3.14(0.8)	3.02(1.3)

Figure 12 Male infantilist mean scores (and S.D.) (Adapted from: Ibid., p. 84)

Daytime fantasies: the range of scores for men and women on four fantasy factors (Mark your own score on these columns)

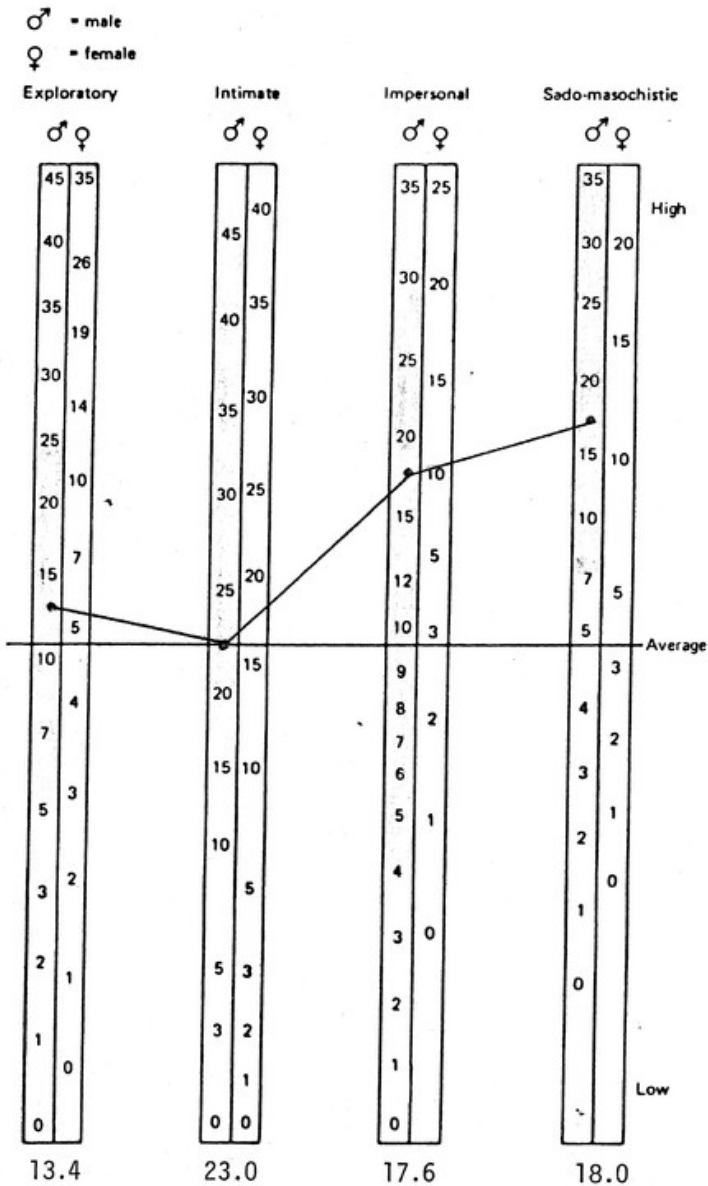


Figure 13 Male infantilist scores; mean and range.
(Adapted from Gosselin & Wilson, p. 136)

Daytime fantasies. the range of scores for men and women on four fantasy factors (Mark your own score on these columns)

♂ = male
 ♀ = female

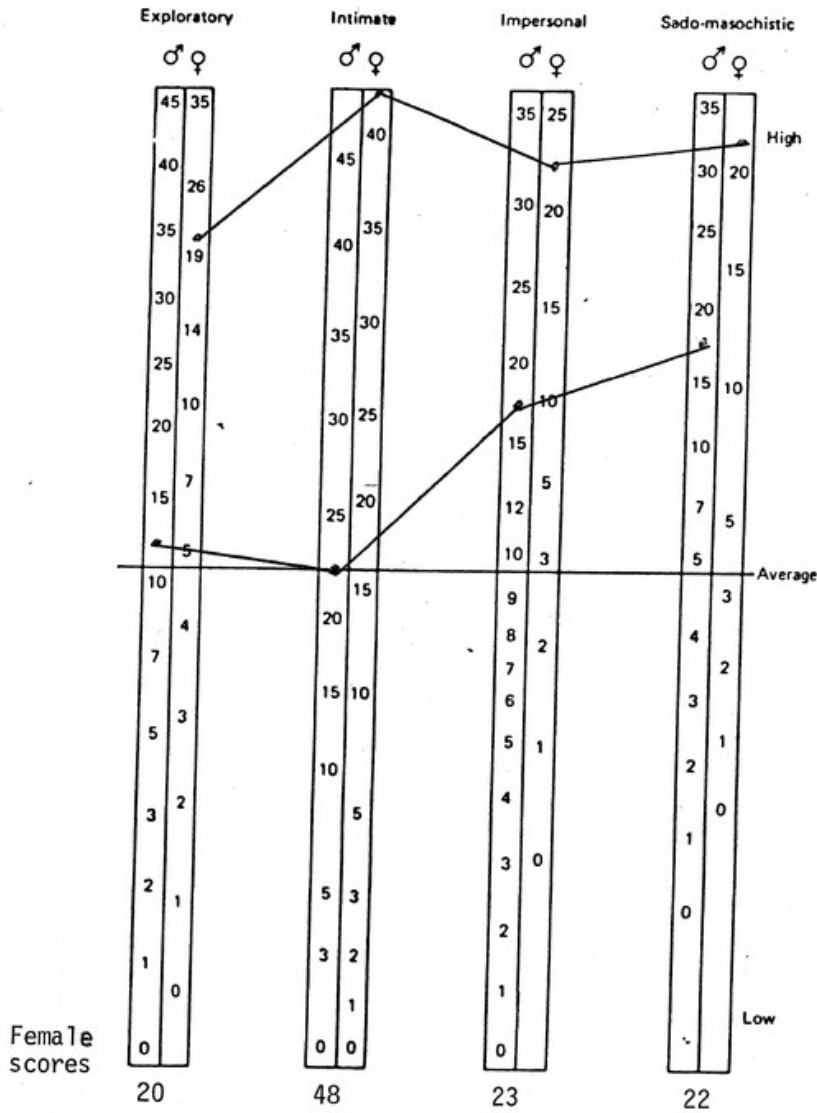


Figure 14 Comparison of female score and male score (Ibid.)

IV. Psychosexual Infantilism Today

Previously it was stated that both dominance and submission and arousal from wearing diapers are the two main aspects of psychosexual infantilism. Having discussed infantilists' reports regarding the combination of these two aspects, it is now appropriate to look at them separately.

The DSM-III (1980) defines fetishism as a psychosexual disorder of the category Paraphilias:

In other classifications these disorders are referred to as sexual deviations. The term paraphilia is preferable because it correctly emphasizes that the deviation (para) is in that to which the individual is attracted (philia) (APA, 1980, pp. 267-267).

Sarason and Sarason (1984) expand on that definition:

Fetishism, a psychological state in which a non-living object (fetish) serves as a primary source of sexual arousal and consummation, is an example of a sexual deviation that is not usually responded to by the law. Most fetishists are solitary, in their activities, although in some cases they commit crimes to acquire their favorite fetishes (often undergarments, boots and shoes).... Fetishists are almost always male, and the fetish varies widely from the clearly erotic (an article of women's underwear) to objects having little

apparent connection with sexuality. Fetishism often begins in adolescence (Sarason & Sarason, p. 203).

DSM-III defines fetishism (302.81):

A. The use of nonliving objects (fetishes) is a repeatedly preferred or exclusive method of achieving sexual excitement.

B. The fetishes are not limited to articles of female clothing used in cross-dressing (transvestism) or to objects designed to be used for the purpose of sexual stimulation (e.g., vibrators).

Differential diagnosis. Non-pathological sexual experimentation with non-human object, transvestism (APA, Quick Reference, 1980, pp. 151-152).

A European psychiatrist, Christian Scharfetter defines fetishism as "sexual excitement and gratification from substitute objects unsuitable for normal sexual pursuits" and goes on to specifically note "a paedophilic variety, e.g. nappy [diaper] fetishism (Scharfetter, 1980, pp. 265-266).

In most respects psychosexual infantilism is a fetish. The infantilist, by definition, finds diapers sexually arousing. (Only in the most severe cases do infantile objects become "the exclusive method for achieving sexual excitement" (Ibid.).) Lack of a clear definition of when a fetish or other sexual variation

becomes pathological has been noted frequently:

The question is what constitutes a fetish and what distinguishes it from normal sex preferences?

In general, the more remote the object of sexual interest is from its original source, the closer we are to fetishism. Likewise, the more exclusive the specific interest in a given part of the anatomy, article of clothing or whatever it may be that has been associated with sexual arousal, the more the interest is in the realm of the pathological and deviant. The man whose interests in female anatomy is focused on the posterior is no more deviant than one whose interests are centered on the breasts. But hair, feet and hands, for example, are already one step removed from the genital area and therefore much closer to fetishism. The same holds true for articles of clothing. Panties, garter belts, brassiers and other items of intimate female attire, which are in direct contact with the genitals, the breasts, or at least the skin, are more "normal" objects of male interest than, say, gloves, hats or handbags.

The degree of fetishism also depends on whether a man is capable of responding sexually to females in the absence of specific stimuli, or whether they are absolutely essential to arousal. This concerns the principal of exclusivity which is, perhaps, the most

accurate criterion for sexual deviation that we possess (Kronhausen, 1969, pp. 262-267).

Few infantilists meet the "exclusivity" criterion but the object is variant. (Most infantilists are not pedophiliacs; the diapers are arousing when the infantilists wear them, not when children wear them; therefore Scharfetter's suggestion of "pedophilia" is correct only if one is talking about arousal from childish experiences, not children themselves.)

Dominance and submission (D & S) is the other main aspect of infantilism. In her study of dominant women and submissive men in the San Francisco area, Scott (1983) identified two types of personality for each sex: the naturals and the balancers. Naturals "carry over their everyday orientation into their D & S activities; those whose orientation is the opposite of their D & S role, we call balancers" (Scott, pp. 7-8). This type of classification works for infantilists as well. She describes balancers this way:

Most males involved in the D & S scene are balancers. In their everyday lives, they project the image of the typical, well-socialized American male - outwardly strong, outgoing, and assertive, and frequently quite successful in a responsible, high level job. Yet these generally assertive males enjoy sexual submission, finding the unusualness of assuming a passive role in the power exchange to be erotic. Some of these males want to be women, but most combine sexual

submissiveness with the traditional male role in their relationships with women. Thus they clearly distinguish between occasional sexual submission and other parts of their relationships and lives....

In short, male balancers find many different sexual and psychic pleasures in being submissive and there are many ways in which being submissive balances their otherwise aggressive nature. Yet, even as they seek this submission, they do not give up their power or will completely, for they may have a specific agenda for being submissive in a certain way, or may only fantasize being submissive. To achieve this end they may more or less surreptitiously manipulate a dominant woman into enabling them to be submissive in the way they wish (Ibid., pp. 8-9).

In explanation of why balancers enjoy D & S, Scott specifically describes infantilists:

Other male balancers find still other sources of satisfaction in occasional submission, such as reexperiencing childhood cravings by being mothered, protected or nurtured by a beautiful woman; acting like a little boy again, or expressing worshipful feelings

to a woman, as they did when boys. Some like the chance to express the normally repressed side of their natures (Ibid., p. 10).

...males who like being mothered or babied say they felt this need as children because they did not have enough love or mothering, or because they found a disciplinary action involving babying, such as being put in diapers as a teenager, both embarrassing and erotic (Ibid., p. 23).

The balancers type of infantilist is one who has grown up quite capable of performing at an adult level of responsibility but seeks a return to boyhood for reasons which have come to be eroticized. Balancers are a type of infantilist previously described as "time travelers":

For these people infantilism is just as much a coping mechanism as it is a fetish. They are not fixated at a certain level; but rather behave as 'time-travelers' alternating between functioning at an adult level (managing careers, families, relationships, etc.) and functioning at an infantile level (wearing diapers, wetting, using a baby bottle). Sexual infantilism behavior is compartmentalized, being a behavior that is engaged in only in certain times and situations when it seems "appropriate". There is a conscious decision as to whether to have an infantile experience or not, whether the motivation is sexual pleasure or as coping

mechanism (Speaker, 1980, p. 72).

Scott describes the naturals quite differently:

In contrast to the male balancers, who are submissive only sporadically, some men feel they are passive by nature and want to be submissive in all respects of their lives. They seek relationships in which their submissiveness extends beyond the bedroom. Some of these natural submissives pretend to be assertive in their jobs or with other males, while others are passive or submissive in their everyday lives. In contrast to the balancers, these men are submissive to both women and to people generally, because of their shyness or social ineptness. Often, such men have feelings of uncertainty or inferiority because they are aware that they are not conforming to the traditional male role.

Some natural submissives choose D & S because they have difficulty in relating to women or because they lack social skills. They feel it will be easier for them to succeed with women if they let women take the lead. The strategy does not always work because their lack of social skills may lead dominant women to reject them, too. But such men believe they will be more successful if they don't have to take the traditional male initiative, find the D & S scene erotic and occasionally gain some attention; so they persevere.

Other natural submissives seek out strong, powerful women as a way of compensating for their own feelings of uncertainty and inferiority. By looking up to dominant women or identifying with them, they feel more personally worthwhile (Scott, p. 10).

A minority of infantilists fit the concept of the natural, and these people lean toward the more extreme aspects of the fetish. James, a 26 year old male, divorced once because his wife could no longer support his obsession with infantilism, has married a second time. His new wife will not indulge his infantilistic fantasies so James has sought another person to dominate him:

I now go to a friend of mine. He's gay and I have spent a few days with him now and again. He is very strict and makes me do all sorts of things I never dreamed of. He often gives me a [urine] enema and then makes me wear one of his dirty diapers and [rubber] pants from the time I arrive until the time I leave so that I have to mess them even more. He feeds me loads and loads of baby food laced with laxatives. He will often fuck me. I've never considered myself as gay, but I've begun to enjoy it now. In fact, I'm going to stay for a few days [soon].... (James, personal correspondence, May 20, 1985).

James is obviously a natural infantilist - he has never developed adult social skills or a healthy self-esteem and is obsessed with spending as much time as possible in a very regressed state of existence regardless of the consequences (e.g. his divorce). Balancers seem less obsessed, for, the most part, and more able to be discrete about their infantile activities. Will, a 37 year old, married program manager, has a wife who is also not interested in infantilism although they have "an arrangement"). He has a covert relationship with another woman involving infantilism, but is realistic (and discrete) about it.

Our relationship has developed into a love affair in which diapers and plastic pants figure freely and frequently...and at last I am, experiencing a feeling of satisfaction and fulfillment such as I have only dreamt of before. We both know that my marriage, and especially my children, are particularly important to me and therefore it [the affair] cannot last, but in the meantime it is filling a variety of needs in both of us. (Will, personal correspondence, August 29, 1985).

One can argue that those rare women infantilists also can be divided into natural and balancer categories. Julie, a 25 year old lesbian, was enuretic from age 9 to 15, and, in adolescence, "realized I had grown attached to diapers...". She describes a typical day:

8:30 A.M., wake up in wet diapers. I get out of bed, put some milk in a baby bottle and return to my bedroom where I suck on my bottle while doing my stretching exercises. This makes me very hot and I begin to masturbate through the diapers. This takes about 30 minutes. Then I hop in the shower...[afterward] I put on dry diapers and plastic pants. I get dressed in my adult clothes and drive to school. (Under my dress no one can tell what I've got on.) School gets out at 3:00 P.M.. I have to kill 2 hours before work so I go shopping or something. Then I work (I am a bartender) until 2 A.M. By the time I get home I am so tired I don't even change my diaper, just go to bed (Julie, personal correspondence, April 28, 1982).

Julie says:

What I want is another female who enjoys the feelings of [wearing] diapers so that we may share all.... I have had lesbian lovers before but none felt like they could deal with [infantilism] and it hurt me very much.... I want to be able to wear my diapers anytime I want without feeling guilty and upset. Why can't people understand and make me feel at home and at ease with what I do? (Ibid.)

Julie is a natural infantilist, a woman whose submissiveness and interest in the fetish courses through every aspect of her life. She is very different, in attitude and lifestyle, from

Jenny, a 29 year old heterosexual in a relationship with Bill, who is also an infantilist. Jenny is a balancer:

I never [had sex involving diapers] until I met my present love. He has made me aware of the new, exciting things diaper wearers experience.... It makes our, sexual relationship much more exciting (Jenny).

She wears diapers "3-5 times a month", is usually dominant ("I would be a mommy and put my boy [Bill] in diapers... ") and sometimes submissive ("I want to be forced to wear diapers and drink out of a bottle for a whole weekend.") in her relationships with Bill (Ibid.). Jenny alternates between adult and infantilist roles, and between dominant and submissive in infantilism. This flexibility and change is a hallmark of the balancer.

Whether "natural" or "balancer" there is a drive to involve partners in acting out fantasies in infantilists. Those fantasies range from the simple (and perhaps attainable) to the complex, intense scripts for which enactment is highly unlikely. Stephen, a 35 year old married professional, provides an example of the former. He said he wears diapers and plastic pants daily and reports his wife is supportive of his fantasies, going so far as to agree to wear plastic pants herself on occasion during foreplay. Stephen's fantasy is to "increase the mothering" he

gets from her (she becomes dominant) or have her participate more fully ("become a baby girl (submissive) he could 'look after'). His ultimate fantasy is a combination of the two: "playing with a girl... in diapers like me". Stephen fears "going too far too quickly with my wife" and possibly alienating her (and ending her willingness to participate in acting it out). Differences between current behavior and ultimate fantasy are primarily a matter of degree and he is sensitive to her desires on this matter (primarily to minimize risks of a backlash).

The greater the variance between current behavior and ultimate fantasy, the less probable is participation of sexual partner. (Remember that "lack of opportunity" was given as the primary reason for not acting out fantasies.) Sexual partners are often quite reluctant to play the roles desired by the fantasizer. Patrick, a 43 year old married male asked his wife "on a couple of occasions... to participate [in infantilism] by shaving [my pubic hair] and diapering me". She refused, noting, "if I had wanted a baby or a little boy I would not have gotten married, I would have gotten pregnant". (Patrick later tried his fantasies on his children ("I used diapers to punish my children and... she found out" and filed for divorce.))

The resistance of partners to playing out these fantasies is so common it is even described in infantilist fantasy. In Closet Baby an author describes a wife's discovery of her husband's infantilism and her reactions:

We had been married for nearly two years when I first discovered my husband's interest in infantilism. While doing some spring cleaning, I was going through the dresser drawers to discard old and worn out clothes. In the back of one drawer beneath a pile of seldom worn sweaters I discovered a pile of clippings from magazines dealing with diaper discipline and adults who derived sexual excitement from dressing and acting like infants. There were also articles on bedwetting and advertisements for adult-sized cloth and disposable diapers, rubber and plastic incontinent pants and other items for incontinent adults. I also found three pairs of diaper pins, two latex pacifiers and a large plastic baby bib.

At first I didn't know what to make of my discovery, but, after reading a number of the clippings I realized that my husband was a "closet" baby like a number of people described in the articles. My first reaction was one of shock and anger. I could not understand why anyone would enjoy dressing in diapers and wetting them I and I also resented him for not being honest and open with me.

For some reason, though, I returned the collection to its hiding place and determined not to say anything about my discovery until I had time to think the matter through.

A During the days ahead after he'd left for work I read and re-read the articles he had hidden in the drawer. As I read I began to realize that the inclination to dress and to be treated as an infant was more common among adults than I had ever realized. Also, the more I thought about it, I realized how difficult and embarrassing it must be for someone to reveal their infantile interests to another adult, even (and maybe, especially) to one's spouse.

One of the articles that I read was a letter by a woman describing how she had made a similar discovery of her husband's infantile tendencies. She explained how she finally decided to handle the situation by purchasing diapers and plastic panties. When her husband returned home one evening, she showed him her purchases and proceeded to undress and diaper him on the spot. She reported that her initiative had greatly enhanced their love life and her husband's love for her.

After thinking about this for a long time I decided to take a similar approach. I felt that Bob had such a strong desire to be babied, and he evidently did, then I wanted him to be happy. I also wanted him to be able to be fully open with me, even about this special need of his.

I decided from the very beginning that if he wanted to be a big baby, he would have to do it all the way and permit me to take full control of the situation the way any "Momma" would.

Some of the babies in the articles had regressed to a totally infantile state, remaining at home in diapers all the time. I did not think that Bob would want this, and I certainly did not want to I assume both the role of provider and parent for a physically healthy and capable adult male.

Instead, I decided that he would become a part-time baby. I would baby him at night and on weekends and whenever possible in the privacy of our home. But he would continue to dress and to function as a competent adult at work, in the neighborhood and with most of our friends.

After shopping carefully for the necessary items, I waited until the next Friday evening to confront him. I took care not to make any social commitments for the weekend, because I wanted to make certain I had the entire time free for his initiation....

... still holding him tightly, I tried to reassure him. "It's all right, darling", I whispered, "I only wish that you could have confided in me long ago, but now Mama knows and her baby boy is going to be just fine".

As I held him and continued talking to him, I could feel him begin to relax...

When I finished with the powder I took the diaper and instructed him to raise his hips so I could slide it under him. Having done that I took the baby lotion and began to apply it liberally over his entire diaper area. As I smoothed it on his erect penis, I took great care not to trigger a climax. I then brought the diaper's thickness up between his legs, smoothed it across his stomach and pinned it snugly at the hips. He made no attempt to resist as I guided his feet into the leg openings of the plastic panties and slid them up his legs to encase the bulky diapers.

As I adjusted the elastic waistband to carefully enclose his diapers I said, "This is what Mama's baby is going to wear for nighty-night all the time and do wettums in. After tonight we are going to put baby's hard little peter into Mama first so that it will be nice and soft when we diaper you for bed. But tonight is special...".

I had initially planned to keep him in diapers the entire weekend, but then decided that a more gradual approach might be more effective. I feared that day long diapering in the very beginning might make him defensive and overly resistant to the training program I had planned. Besides, I knew that a more gradual

transformation would be easier for me to manage, and more enjoyable to witness.

When morning dawned my new baby was very, very wet. Even though he had accepted the diapers eagerly and proceeded to wet them, I could tell that it would take a while for him to become completely accustomed again to sleeping through the night undisturbed by his warm wetness. I knew that would come eventually, after which I planned to retrain him into full night-time incontinence. I realized from what I had read that adults who are turned on by wearing and wetting diapers harbor a desire to revert to a passive infantile dependence upon their diapers, being incontinent, at least in their sleep. The idea of having him so dependent upon his diapers and upon me to attend to his infantile needs was surprisingly exciting to me.... (Wetmore, 1984, pp. 1-3).

This story presents all the elements of an infantilist's fondest wishes regarding his partner's participation. The heroine overcomes a negative first impression to become the dominant in the sexual relationship encouraging his wearing of diapers, even "training" him to do so and to become enuretic. Certainly some spouses will assume similar roles, e.g. Jenny's dominance over Bill. But for most infantilists, expression of a male's wish to be dominated into diapers resulted in a "turning off" of spouses or) sexual partners. Several men reported

termination of relationships because of their preferences. Sonny, a 41 year old gay male said, "several lovers (male and female) have been turned off (by the wearing of diapers)" (emphasis his). John said he was "caught once [wearing diapers] by a girlfriend and lost her". Patrick felt his infantilism had brought him "separation and pending divorce". Personal, as well as relationship problems are aggravated by infantilism:

It has made me feel guilty, shy and withdrawn (Lee).

I still do not feel it is entirely right (Bill).

(Bill's girlfriend Jenny, the only woman responding to the survey: "My lover and I have difficulties expressing ourselves to each other".) In Closet baby the husband does not have to tell his wife of his preferences - she finds out on her own. Most infantilists have to explain their desires and requests to their partner in order to gain cooperation. This "coming out of the closet" process is well described in studies of homosexuality (e.g. Clark, 1977, pp. 60-69). Scott (1983) describes the process in dominance and submission enthusiasts, and the frequent negative outcomes:

Most of these efforts to share with girlfriends or wives were unsuccessful, regardless of the tactfulness or gentleness of the man's approach. Often the women were completely unreceptive and thought the request weird, strange or sick. Then the men usually dropped the topic to preserve the

relationship, though they continued to practice privately, go to mistresses, or seek out others with similar interests. For example, when Lester, the computer programmer who liked dressing up [transvestism], being whipped and being forced to do things, asked his wife if she might like to try some of these activities, she told him that such play was sick. So he got a post office number, kept a box of clothes in his car, answered some ads, joined some D & S organizations, and participated in female dominance activities in these groups of in short-term relationships about once a week. For him, the only solution was a double life.

Some women refused because the men were inept in presenting their interest and were too direct or revealed their own ambivalence about participating in D & S and thus turned off their partner. Or the male was too demanding in wanting the woman to respond to his desires right away, before developing a solid, secure, loving and caring relationship. Had these women been more gradually introduced, some might have ultimately been receptive.

In many cases, women refused because they found it difficult to play the dominant role. One common reason is that many women by nature or socialization learn to be submissive - and few have the strong

sexual fantasies males have to express another side of their nature. Thus, frequently, women were willing to experiment when asked by their partner, but they weren't very good at being dominant. Typically, they performed as their man requested, but did not enjoy the dominant role. As a result, their efforts to please or humor their partner were unsuccessful, since the males could enjoy their submissiveness only if the woman if was being truly dominant and liking it. If a woman couldn't really "get into it", neither could her partner (Scott, p. 18).

Age plays a role in determining whether men want to introduce variations into their primary relationship or act out fantasies outside of that relationship:

The younger single men in their 20's and 30's are usually more interested than the older males in having a series of shifting relationships to experiment with a variety of people. They have relatively good success in doing so, much as they might in the straight heterosexual scene....

However, as men enter their 40's and 50's, they tend to become more interested in settling down to a more serious, ongoing, even exclusive relationship and exploring D & S within this more secure, personal context (Ibid., p. 28).

Attempts to involve partners in infantilism activities are not necessarily in vain. The relationship of Bill and Jenny is just such an example with each describing the frequency of wearing diapers as "often". James, who said infantilism led to a divorce, described his first wife's participation in infantilism for 4 years:

I When I was twenty I met a girl called Pamela. She was very kind and sweet to me. After a long courtship I kept evading the issue of getting married because I wanted to tell her about my needs, to be treated as a baby, etc. . We had, up to then, a reasonable sex life but something was missing in it for me.

She knew that a particular pair of her panties turned me on. They were of a transparent nylon material. As a joke one night I said, "I have bought you a pair of panties I hope you like." She said, "OK. Fine. Surprise me. " I was really frightened to get them out of the bag, but finally produced an extra large pair of crystal clear plastic baby pants.

Much to my surprise and relief she laughed in a nice way and said she had better put them on. After taking her regular panties off she slipped, a the plastic pants up and over her hips. I was really shaking at the time. I was thrilled when I saw her crotch and fanny through the plastic. After massaging her

through them for awhile, we then had a terrific lovemaking session.

She wore them for me many times after that.... [Later] we added to the [plastic panty] collection. Some were rubber, some had frilly nylon ruffles outside but lined with plastic. She would wear them while we were out dancing or at a party. Sometimes we cut a hole so that I could make love to her while she wore them. I was blissfully happy. Shortly afterwards we were married.

On our honeymoon I plucked up the courage to tell her that I wanted to be dressed as a baby and have her dressed the same. I also told her I wanted to mess my diaper and pants and would like her to do the same. She was very, very kind about it, and took it very calmly. I didn't know what her reaction might be, but she didn't seem to mind at all. She was a little worried about soiling her diaper and pants. She also said she knew I was holding something back from her.

That night we made loads of plans about when we got home to our house. We would set up a room as a nursery. Given the chance I would have dressed up as a baby that night but we only brought one pair of her plastic panties with us. We had a very good honeymoon; as you can imagine I was so happy at the

prospect of what was to follow. While walking around the stores she would point at bibs, pants, bonnets, etc., or say "I must get you one of those dummies [pacifiers]" or "we'll need more diapers". It really thrilled me. It was our secret. Later she would talk to friends in front of me saying "Are terrycloth diapers best or disposable diapers?" or "What plastic pants do you recommend?".

When we got home from the honeymoon, that same night I showed her my rather small collection of pants, diapers, bibs, bottles, books, photos, dummies, etc.. She was amazed at how much I had. She told me to go upstairs, get undressed and lay on the bed. For the first time here was my very one wife baby powdering me and pinning 2 large diapers over my very swollen [penis]. Then she pulled some adult-sized plastic pants I had over the diaper. She tied a plastic bib on me and stuck a dummy in my mouth. I was told to lay down while she made me a baby bottle of juice. I was on cloud 9.... She came back, put the rubber teat into my mouth and told me to suck the bottle empty. While I was doing this she rubbed my cock until I came again. Finally I was made to wet myself while she watched, the yellow stain gradually obliterating the white of the diaper. I was then put

to bed for the night. She would keep patting my plastic-covered bottom until I drifted off to sleep (which was difficult as I was so excited).

A few days later she said that when I was being a baby I could wetland soil in my diaper and pants. I wasn't to use a potty or the toilet at all.* I didn't need any encouragement and after crawling around on the floor with thick diapers and plastic pants in full view, I soiled myself.... After I finished she came over, massaged my bottom and spread the diaper's contents all around. Then I had my plastic-covered butt spanked. I was taken to the spare bedroom (which hadn't yet been made into a nursery) and was put to bed on a rubber sheet. I had to stay there... until morning. Because of the very messy state I was in I was told to change myself and clean up. Afterwards I was ordered to wash my own diaper and pants by hand.

A month later we bought a large old cot [crib] which was big enough for me. I also made a highchair with tray, and got a playpen. I spent the next few days decorating the room into a nursery with baby-print curtains to match.

* Note the dominance he ascribes to his wife: she made him wet; he was not to use the toilet.

My wife and I discovered various other baby clothes for me.... {We ordered many such items such as romper suits, baby nightdresses, bibs, bonnets, booties, etc., mainly made of rubber or plastic (although we did get cloth material as well).

I spent many hours in that room in my playpen, cot or highchair. I was fed only baby food, or bottles of milk or juice most weekends. For nearly four years I spent most weekends and other times dressed as a baby, always wetting or messing my diapers. My wife decided to make sure I did by introducing laxatives in my baby food or giving me enemas... before diapering me. Once, when I really upset her, she made me stay in a dirty diaper for nearly a week.

She would occasionally wear diapers and plastic pants and, be a baby with me, but only on a very few occasions did she wet or, soil her diapers. One day I was out in the back garden and she walked out with a bulky diaper and plastic panties showing as she wore only a miniskirt. The diaper was noticeably hanging low at the back.... It really got me going.

Sometime later she introduced butt-plugs and dildoes which she often used on me and herself either under diapers or just plastic pants.

It all changed one night. She was downstairs about

2 A.M. I came down to see her and found her crying. After a little while she told me she didn't want to stay anymore and that she now hated the baby scene. My world was shattered after about 6 months when she left. Two years later we got divorced.

I then had about 5 years on my own.... I lived and slept as a baby.

I met my second wife about 7 years ago. I tried to tell her about my needs, but she wasn't interested at all. She wore a diaper and plastic pants once with me; I've never been able to wear them in front of her since. We have a poor sex life now. As I cannot indulge myself now unless she is away I now go to a friend of mine. He's gay and I have spent a few days with him now and again. He is very strict and makes, me do all sorts of things I never dreamed of....

(James, personal correspondence, May 20, 1985).

It is clear that psychosexual infantilism covers a wide range of behaviors from occasional arousal at the thought of wearing diapers or 'being babied' all the way to pathological sexual lifestyles such as James'. It is amazing that James found a partner willing, to cooperate with such an extreme fantasy. The vast majority of subjects replied to the survey question that finding willing partners was difficult and that revealing their desires to a partner was damaging to the relationship. Other reports on infantilism, even in the porn press, confirm this. In

a description of the marriage of Barb, a dominant woman, and Jerry, an infantilist, Barb discussed joining a correspondence club for infantilists, Adult Baby World and what happened afterward:

Barb has written or talked on the phone to some 50 male infantilists. She says most of them are desperate to find women who'll understand them and give them the special mothering they crave.

"After I joined the club, I couldn't believe how many people were into infantilism!" Barb exclaims. "I learned there are a lot more men than women. Unfortunately, I don't think many of the men are going to find understanding wives or girlfriends. Most women are turned off by guys who like being treated like babies. That's too bad, because getting into infantilism has done wonders for our sex life. Our marriage is much better than it would be otherwise. And it could be that way for other couples where the man is an adult baby." (Gregory, 1984, p. 60).

Although "Barb and Jerry" reportedly came to a satisfactory arrangement it required the assistance of a psychiatrist:

After she'd been married to Jerry for two years, "I went to a psychiatrist for awhile," she reveals, "because Jerry seemed so obsessed with the whole baby thing that I became confused. I began asking myself, "Do I turn him on, or do those diapers turn him on?" He was wearing diapers more and more - sometimes even under his clothes!"

I even had Jerry go to the psychiatrist once. He was glad to do it because he wanted me to know that Jerry's mother had made him wear diapers until he was ten years old because he had been a bed-wetter. Eventually they became erotic to him.

After I talked to the psychiatrist a few times, I understood Jerry more than I had before, and I feel better about the whole thing now.... (Ibid, p. 61).

Barb's discussion of infantilism brings up two important points: the ratio of men to women and causal factors in the development of infantilism. The respondents to the 1985 survey included 26 men and 1 woman; the 1980 survey included 11 men and 1 woman. 1 The difference has been noticed by clinicians studying a number of sexual variations including fetishism (e. g. Scharfetter: "Fetishism occurs mostly in men, in both heterosexual and homosexual forms."). A variety of reasons for this situation have been proposed. Some authors attribute it to a greater inhibition in women resulting in lower rates of sexual fantasy:

The factor of inhibition (mental blocking) is especially important with regard to women. They report, as a group, considerably fewer sexual fantasies than men. But they are, as a group, "less" in just about every category of sexological measurement, such as frequency of masturbation, premarital and extramarital sex experiences, and response to erotic literature and art. Their lesser proneness to fantasize about sexual matters is therefore not surprising and should not, in any case, be taken as an indication of lesser potential in all these respects, but as an indication of a considerably greater degree of inhibition and repression (Kronhausen & Kronhausen, p. xiv).

In recent years women have been encouraged to develop sexual fantasies in order to better understand their own sexual responses. Permission to fantasize seems to be particularly well received when it comes from female sex therapists (e.g. Dodson, n.d.; Barbach, 1975; and Raley, 1976). The Kronhausens' view that lack of reports of sexual fantasies in women is due to a learned inhibition has been borne out by more recent research. Barbach reports:

A study done by Schmidt and Sigusch with "relatively sexually emancipated" and sexually experienced college students at the University of Hamburg showed no significant difference between the responses of

young men and young women to erotic material, both visual and written, although over all the men reported feeling slightly more aroused than the women (Barbach, p. 76; Schmidt & Sigusch, 1971).

Women, today, are receiving permission and encouragement to fantasize and it is likely that the rates of sexual fantasy in women will approach those of men in the future (See Durden-Smith & De Simone, 1982, pt. 6, pp. 240-242). For both men and women, having a fantasy is often separate from the desire to act that fantasy out:

Having a fantasy does not mean you will want to act it out in reality. As a matter of fact, in women's groups we have found that by giving women "permission" to enjoy and indulge their fantasizing abilities, they actually become less afraid that they will act out these impulses unless they consciously choose to do so (Barbach, p. 79).

It is in the nature of sex fantasies that they are, to a large extent, so unrealizable that they are seldom acted upon. And that is exactly their therapeutic function. They serve as mental aphrodisiacs and psychological stimulants, underlying "normal" behavior (Kronhausen & Kronhausen, p. xii).

Our original definition of psychosexual infantilism, however, requires acting out these fantasies using the 'props' to

which an erotic response becomes conditioned: diapers. Sexual responses, particularly those responses involved in non-reproductive sex, are learned:

We feel that the object chosen is learned and represents one facet of the habit component of sexual behavior (Whalen, 1966, p. 161).

More recent research has corroborated this theory:

In approaching the more causal factor in fetishism we may again note that many stimuli can come to be associated with sexual excitation and gratification. Probably most people are stimulated to some degree by intimate articles of clothing and by perfume and odors associated with the opposite sex. Thus the first prerequisite in fetishism seems to be a conditioning experience. In some instances this original conditioning may be quite accidental, as when sexual arousal and orgasm - which are reflexive responses - are elicited by a strong emotional experience involving some particular object or part of the body. More commonly, probably, the conditioning occurs during masturbation fantasies (Coleman, Butcher & Carson, 1980, pp. 556-657)*

* See also Rachman, 1966; and Rachman & Hodson, 1968.

Psychosexual infantilism is dependent upon a combination of objects and behaviors from infancy and sexual pleasure. Diapers were present during early orgasmic experiences of all but 6 of 27 survey respondents. Of these 6, one-third (2) were 'taught' infantilism by a lover or significant other including the one female respondent. The combination of diapers and orgasm are less likely in girls: whereas girls begin masturbation earlier than boys, more boys than girls masturbate:

Estimates range from one-half of all male and one-third of all female adolescents to 95 percent of the males and 66 percent of the females - a report based on a college sample... . Boys not only masturbate more frequently than girls, they seem to enjoy it more (Sommer, 1978, p. 156).

The other component of psychosexual infantilism, diapers, would seem to be equally available to both boys and girls. Girls are more likely to be involved in childcare, either in the care of younger siblings or babysitting for others. Boys, on the other hand, are much more likely to be enuretic or encopretic and therefore more likely to be using diapers or incontinence garments, even into adolescence:

Among 7 year olds, an estimated 21.9 percent of the boys and 15.5 percent of the girls are enuretic, compared with only 3 percent of the boys and 1.7 percent of the girls at age 14... about 2.3 percent of 8 year old boys and 0.7 percent of 8 year old

girls. are encopretic.... About 1/3 of encopretic children are also enuretic (Coleman, butcher & Carson, p. 510).

Nine of the 27 respondents reported enuresis problems resulting in diapering at night after age 3; 6 of these also were diapered during the day. Children are capable of sexual response in infancy when both sexes are likely to be wearing diapers:

I had two daughters who masturbated and two who did not. I really didn't do anything either to teach them or to restrict them. Both my girls who masturbated were well into masturbation by the time they were 9 months old. They were on their tummies with their hands between their legs. They would get the same kind of tension I get in my legs when I have an orgasm. It was very obvious, with their hands down in their diapers. I let my kids be nude a lot so they didn't always have a diaper on to restrict the touching ("Robin" in Hill, 1976, p. 42).

Yet infantilism, except in natural infantilists, seems to involve regressive experiences occurring during adolescence. Of those infantilists with bladder control attained before adolescence, all except one began wearing diapers by choice. (One was diapered by a maid as punishment for misbehavior.)

Recall Scott's report of infantilists explaining the fetish:

...males who like being mothered or babied say they felt this need because they did not have enough love or mothering [and regressed to, recapture what they missed] or because they found a disciplinary action involving babying, such as being put into diapers as a teenager, both embarrassing and erotic (Scott, p. 23).

Either regression or disciplinary action which involves the use of diapers during adolescence can pair diapers with erotic feelings and encourage the development of infantilism. Yet the model of fetish development discussed thus far does not clearly explain why fetishists are almost exclusively male or how the fetish, is maintained after adolescence.* Within the past few years, however, a more holistic model, which correlates better with both clinical and self reports, has appeared.

Gosselin and Wilson (1980) have advanced the theory of the fetishist as both the script-writer, and lead actor in a fantasy play. Their theory, especially in the discussion of the roles of predisposition and learning in fetish development, provide a clearer explanation for the differences in the rates of fetishes among males and females.

According to Gosselin and Wilson personality plays a role in

* See also Speaker, 1980, pp. 63-73.

the predisposition for fetish acquisition:

Our personality studies have shown that variants in general tend to be more introverted than people whose sexual behavior is more conventional. Introverts are more easily conditioned than extroverts; they are more sensitive to stimuli and acquire stronger emotional associations. Therefore, they are perhaps more likely to turn on to any sexual association (remember that the variant generally has more fantasies than the average individual and fantasies grow well in the soil of associations and images), but the more conventional sexual associations probably get "blocked off" by parental or societal injunctions. Learning thus plays an especially important part in the development of the variant's script, and the process by which it occurs must be described in some detail - even if only because it is the question most frequently asked by variants themselves (Gosselin & Wilson, p. 157).

They also propose that 2 aspects of gender, sensitivity for visual stimuli and awareness of arousal, heavily influence the probability of fetish development:

Fetishism has about it a particular element which makes it stand out from conventional behavior: its visual focus. A fetish object, fabric or garment usually cries with considerable force, "Look at me!"

[e.g. "a bulky diaper and plastic pants" covering the genitals,, especially on an older child].... Now a number of studies in perception have suggested that men are more sensitive to visual stimuli than women: as a result they might be more likely to, pick up and internalize a stimulus that by its nature obtrudes upon the consciousness under circumstances in which it might otherwise not be noticed...

Much initial learning seems to follow the model of classical conditioning, to which the variant appears more susceptible than the nonvariant. Classical conditioning occurs when the stimulus to be learned and reacted to is paired with another stimulus which already has an emotional accompaniment. Repeated pairing allies the reaction originally associated with the old stimulus to the new one. However, for any pairing to take place... the stimulus has to be noticed...

A second factor which may predispose men more than women toward acquiring a fetish (or, indeed, toward acquiring almost any form of variant behavior as well as a conventional sex partner) involves the mechanism of biofeedback. Biofeedback is the summation of all messages, small and large, that the body sends back to the brain as to what it is doing and what it feels...

When it comes to information about whether we are aroused or not, males (even when very young) have a very good biofeedback amplifier, namely, their own penises. No particular part of a woman's body, sex organs or otherwise, gives such an immediate, definite and noticeable reaction; any reaction she does have to arousal is more diffuse occurring in the clitoris, the vagina, the nipples, the back, the earlobes and almost any erogenous zone. Because the reaction is more diffuse and less predictable, it is more easily overlooked, and the clear message of "I am excited" does not as easily register in her conscious mind. Of course it may do so eventually in the sense that a woman's learning may be slower but more general, leading her to being turned on by a situation such as "a romantic atmosphere and a considerate man" while the male would be more likely to be aroused by the more defined image of, say, a nineteen-year-old blonde in black stockings and garters. It is also well to remember that the arousal produced by stimulus messages received by the woman is somewhat more susceptible to hormonal influences which can heighten or lessen her receptivity and thereby alter the efficacy of the learning process.

The other concept that must be understood in this context is that of arousal. It is quite possible

that as far as the learning process is concerned the arousal which occurs as the result of environmental or random internal stimulation need not be directly sexual at all, but may be just the general state of being awake or aware, which can change from minute to minute. To some extent the body, as opposed to the mind, has difficulty in distinguishing one form of arousal from another; as a result, any strong emotion can be translated in the mind, under appropriate conditionings, into sexual arousal, which is nearly always judged pleasant (Ibid. pp. 158-160).

Males, then, develop fetishes more often than females because of a biological predisposition. Given these predispositions, acquisition of the fetish follows the classical conditioning model developed by Rachman (1966). Gosselin and Wilson use a rubber fetish to demonstrate:

At some point, the young child is at a high level of arousal. This high arousal can occur purely fortuitously, in the way that every parent has seen happen when a child switches his mood for no better reason than his chemical switches happen to be set that way at the moment. On the other hand, the arousal peak may be due to anger, discomfort, pleasure, warmth, security, mother-being-absent, or mother-taking-active-interest (and, incidentally, this is probably why no experience common to all can

be said to initiate the learning of a fetish: it isn't always feeding, bathtime, bedwetting or spanking, it's anything that goes with high arousal). At that moment, there is also present an element of the fetish-material-to-be: [diapers], apron, baby pants, crib sheet, mackintosh-as-shield-from-rain-and-cold. The male child notices the stimulus more readily than the female and connects it with the high arousal state, which may or may not have any direct sexual connotations about it but in any case is recorded in the genital area by a minor tumescence. The message recorded merely says at this stage, "Possible link between that material and that excited feeling. " The youngster is in fact making a miniature scientific hypothesis that certain qualities in a fabric are associated with a particular feeling.

When the fabric turns up again, the child remembers the previous association and says, in effect, "Let me test my hypothesis by searching for that feeling." If he notices no excitement, his verdict will be, "not proven, but my hypothesis still may be right", simply because nobody likes to admit, even to themselves, that they are wrong. If he does feel excitement - even coincidentally, or because he expected it and therefore he felt it - his verdict is that the hypothesis has been proved. An expectancy

is thus strengthened that "next time it will work the same way" and confirmation is almost bound to be obtained on subsequent occasions because the reaction becomes a self-fulfilling prophesy.

During this testing process, the male child will notice that his penis is almost certainly the best place from which to pick up a message concerning his excited state. The female child, failing to feel such a definite and localized response, is more likely to dismiss the connection between fetish object and arousal state even if she has noticed the possibility of such an association in the first place. As a result, she forgets the whole thing, and the fetish script is never properly read, let alone learned.

Whether the male child regards the feeling in his penis as sexual, in the sense that he knows what the word means, is at this stage irrelevant. The point is that later, when overtly sexual stimuli produce virtually the same feeling in his penis, he will classify the fetishistic association as a sexual one even if the original association had nothing sexual about it whatever (Ibid. pp. 161-162).

It is interesting to note that survey respondents in their 40's and 50's prefer cloth diapers and rubber pants; those in their 20's and 30's prefer cloth diapers and plastic pants;

reports are heard of younger infantilists preferring adult disposable diapers. Infantilists fixate on the style of baby clothes they wore, not what was in style during adolescence or later.

One could ask why every male is not a fetishist? Gosselin and Wilson answer that every person learns a multitude of scripts which are tried out in "a directly sexual context" during adolescence (Ibid.). The variant scripts only become prominent was more conventional scripts area blocked:

As the child grows up, he may receive messages from his parents, potential partners or anyone who he believes to be influential in his life, to the effect that the usual target for his genital feelings (i.e. the female per se, and particularly here vagina) is forbidden, naughty or wicked, or dirty, or unmentionable or in some other way not to be approached. Now, because he is more easily conditioned than most he takes these messages seriously and believes in them more easily: because of his higher emotionality, his attempts to disobey the messages lead to powerful anxiety and guilt associated with his arousal. In seeking to obtain sexual pleasure when aroused, he may therefore remember that the fetish fabric gave pleasure without interaction with the female. He therefore reaches for the mackintosh, [diaper] or whatever he can find

that is similar and naturally receives no off-putting message about "forbidden sexual object" because inanimate objects don't transmit any message - except that this one "produces arousal as it always did, purely by conditioning. Orgasm then results, confirming that, for that boy, having a makintosh is better than having a girl since it produces less anxiety and more pleasure. Without the presence of girls who can produce alternative hypotheses to test such as, "Mary Jones sends me powerful signals that she (and maybe even her vagina) is not a forbidden target", or "girls are pleasure-giving even if one does no more than kiss and cuddle them", a fetish habit may become virtually all-powerful especially if girls are scarce. On the other hand, if there are sufficient Mary Joneses about, and the pleasure they afford to young men in one way or another is greater than that hitherto associated with the fetish object, then adherence to the fetish will either die away or, more often, remain at a level far below that which would predispose him to consider himself fetishistic (Ibid. pp. 163-164).

In psychosexual infantilism, ironically, it may be the existence of a second variant script, dominance and submission, that limits movement toward isolation on the part of the infantilist. The need for a partner to both dominate him and reassure him of his acceptability as a person leads, hopefully,

toward a moderation of his desires with the interests of his partner. Infantilism may include conventional sex along with acting out the variant script:

When Jerry has his diaper on, I make him crawl around on the floor like a little baby. That's how he wants to be treated: He wants me to make him do the things a baby would do...

After playtime comes the sex. Actually, the way Jerry and Barb perform the sex act is not all that unusual. She explains, "We have sexual intercourse or we have oral sex. It's the arousal that's different. That's what makes our sex so good."
(Gregory, p. 61).

A Blockage of conventional scripts can result in the "fetish becoming all-powerful" (Gosselin & Wilson, p. 163). Recall that fetishism, "use of inanimate objects as the preferred or exclusive method of obtaining sexual excitement" is a mental illness (APA, 1980, p. 15). Strong negative social sanction is likely if a fetishist comes to the attention of the public:

Much the same happened to Francisco on New Year's Eve in San Francisco. He went out with friends as the "New Year's Baby" wearing just a diaper and baby panties. Unfortunately for the baby, some cops who stopped him discovered an outstanding traffic warrant. Like Rene, he wasn't allowed to dress until

after he was booked and photographed. He was then given an orange jail jumpsuit and his baby gear was taken away...

Both babies indicate that being busted in diapers is far more fun in fantasy than in fact (Taylor, 1984, p. 11).*

Without the existence of conventional scripts an even more devastating condition than fetishism can result: sexual addiction. Carnes (1983) has described 3 levels of variant sexual behavior:

Level 1: behaviors accepted as normal, acceptable, tolerable, e.g. masturbation, homosexuality, prostitution

Level 2: nuisance behaviors which are clearly victimizing and for which legal sanctions are enforced, e.g. exhibitionism, voyeurism [and fetishism involving theft or public sexuality]

Level 3: behaviors with grave consequences for victims and legal consequences for the addicts, e.g. incest, child molestation, rape (Carnes, pp. 27-28).

* See also Speaker, 1980, p. 9

Sexual addiction is described as sexual behavior involving "preoccupation, ritualization, compulsive sexual behavior and despair". A hallmark symptom of addiction is the loss of control of sexual behavior (Ibid. p. 10). Addiction is possible at each level of behavior and addiction becomes a more serious matter with each downward progression. Escalation of the behavior within each level also indicates progression: "To risk greater consequences in the interest of a more exciting high indicates the escalation of the addiction." (Ibid. p. 27).

Sexual addiction requires treatment as regaining lost control alone is virtually impossible. Treatment is also needed when spouse or lover objects to the script and refuses to participate. Treatment options will be discussed in a subsequent chapter.

V. Support Systems

Virtually every infantilist interviewed said they "felt they were the only one who was into this scene", until they made contact with another infantilist. The most common method of discovering another person sharing the same fetish was through soft-core pornography, particularly those publishing letters in which their readers detail their experiences. An example from Forum magazine:

Feminine Infantilism

I am a 24 year `old woman who is really into diapers, baby clothes and being treated like a baby. In other words, infantilism. For me, it is a fantastic release. If I experience a bad day my boyfriend will put me in diapers and plastic panties (incontinence pants and adult diapers purchased from a hospital supply store), give me a bottle or pacifier to suck on and talk baby talk to me. After my bottom is oiled and powered and my nice, soft diaper is pinned on me, my troubles disappear and believe it or not, I feel very secure and loved. And what is more, it's a real turn-on for my boyfriend.

Sometimes I wear a short baby-doll nighty so the crotch of my diapers and plastic panties show. I put little ribbons in my hair and walk up to my boyfriend sucking my thumb. This always turns him on. He then

picks me up and carries me into the bedroom, unpins my diapers and plunges himself into me. After some torrid loving, he powders me, re-pins my diapers, and snaps on my plastic panties. Sometimes when I have to pee, I'll hold it as long as I can and really soak my diapers. As I wet, I usually play with my nipples; it's really an erotic feeling! When I'm done, I masturbate through the hot, wet diapers. If I'm wet and my boyfriend is over, he'll clean me up with a baby-wipe, powder me and pin on a fresh, clean diaper on me. I really love it!

There are a few drawbacks to being an adult baby, though. I live in an apartment building and must share a laundry room with the other residents. A couple of times, my diapers and plastic panties were finished before I got back to the laundry room and another resident, anxious to get her laundry done, began to unload them. I'll have to admit I was plenty embarrassed when I walked in to put my baby things in the dryer. She just looked at me and smiled a confused smile.

Also, I have to take care to avoid vaginal infections because sometimes I'll sleep in my wet diapers all night. In my opinion though, the good points outnumber the bad ones. For instance, while everyone around me seems to be going crazy, I'm happily

regressing in my diapers and plastic panties, sucking on a pacifier or a baby bottle, snuggling with a teddy bear or just being pampered by my boyfriend. He just loves taking care of his helpless little baby girl.

I would like to read more about infantilism in Forum. You can't tell me there aren't millions of adults out there who would just love to crawl back into a comforting crib with diapers and a pacifier every once in awhile. Ms. L.S., California (Ms. L.S., 1979, pp. 104-105).

Letters such as this one have appeared in print since at least the 1960's (e.g. "Diapered, Dominated Husband", 1965, pp. 10-16). Magazines such as Forum, Letters, Digest, Turn-on, Variations, etc., cover a wide range of variations as content substantially depends upon which topics readers are writing about. In these magazines infantilism gets no more or less coverage than other topics. Letters on infantilism are more frequently found in 2 other more general publications: The Fetish Times, a monthly soft-core newspaper (which irregularly publishes a column called "Baby Talk"), and Finger.

Glossy magazines (both soft- and hard-core pornography) featuring 'authoritative' articles on infantilism, sometimes including photographs of adult models in diapers, vary in focus on infantilism from Nugget (where articles appear a few times per year) to Rubber Life (now defunct, but formerly published by

House of Milan) where about 50% of the content related to infantilism to Platinum Press's magazines with a total infantilism focus: Dominated and Diapered, Baby Letters and Naughty Babies (all periodicals). As infantilism often involves a polymorphous sexuality, one can occasionally find it mentioned in publications for rubber fetishists (Rubber Life), those with interest in bondage and discipline (Centurian), dominance and submission (Madame, Jennifer Jordan's Contacts) and enema enthusiasts (Water and Power).

The next development in fetish support systems was the use of correspondence networks. Contact was originally made through personal ads in sexually oriented newspapers and magazines. Sonny claims to have placed the first ads of this kind in 1971. The correspondence networks often connect hundreds of infantilists over several years. Informal networks continue today but there are at least 6 formal networks run by infantilism publishers: Infantae Press, Amber E., DPF, Adult Baby World, ABC Designs and Bladder Chatter.

The next development was the creation of an infantilism industry:

... one indication that there are certainly more adult infants than we might think is the existence of a small industry catering its special needs: magazines, newsletters, boutiques and "therapists" servicing Big Babies are flourishing nationwide (Heinisch & Oliver, 1984, p. 60).

The earliest publication focusing exclusively on infantilism was Playpen by Amber E. in the early 1970's. (Playpen is now published by Infantae Press; Amber E. publishes Crib Sheet). Publications solely for infantilists today include newsletters like Bladder Chatter, Adult Baby World, and Diaperland Reporter, story magazines like Playpen, Crib Sheet, Tales from the Crib and recent glossy publications like Dominated and Diapered. Infantilist publishers often carry catalogs of fantasy books and stories covering the range of the fetish (gay and straight, male dominant, female dominant, transvestitism, etc.). Titles include: Linda Latex's Case Histories (Incon Group), Husband in Rompers (Amber E.) and Forever in Diapers (Infantae Press). Publishers also sell photographs of models in diapers (Incon), cassette tapes of stories (Infantae) and for hypnotherapy purposes (Incon, DPF)*, contact lists and artwork (Amber E.) (see also fig. 9).

Infantilists often create fantasies to give to correspondents in their networks. Some of these are later published, others are not. (Three survey respondents reported writing for these consumers; some of them (e.g. Bobby with 104 stories) are prolific writers).

The most recent development is the organized support group for infantilists. The earliest, and largest, group of this type

* See also L'lemart, 1985, #1, pp. 1-4

is DPF, the Diaper Pail Fraternity. In an introductory newsletter, the clubs organizer describes its purpose:

DPF is dedicated to helping people meet and/or correspond with each other to share mutual interests and needs. Since 1980 over 1000 people have joined DPF, including men and women from if every state in the Union plus Canada, Australia, Germany, Greece, England, Scotland, Switzerland and many other countries. We're the fastest growing organization of its type in the world.

DPF appeals to a broad spectrum of people, with many and varied interests - but especially diapers, bedwetting, infantilism, little boy and little girl fantasies, humiliation, discipline, punishment, spanking, enemas, catheters, W/S ["water sports" i.e. urolognia], cross-dressing, S/M [sadomasochism], B/D [bondage and discipline] and much more. DPF's members are both gay and straight, mummies and daddies, submissives and dominants, and especially people who like to fantasize or act like babies, little boys or little girls (DPF, 1985, p. 1).

An annual membership fee entitles one to a subscription to a monthly newsletter containing a listing of new members names, addresses and interests, "articles of interest, letters from members and product reviews, articles on hypnotism, views on domination, exciting true stories, information about other

organizations, movies and book reviews... information about DPF parties and more" (Ibid. p. 2). DPF publishes books (Bedtime Stories, DPF Letters, Baby Week 1984), holds parties and conducts an annual convention, Baby Week. Membership includes several hundred people at any time.

Infantilists are not the only fetishists forming support groups:

In England, the Mackintosh Society, named for rubberized raincoats, has over 1000 members. The group has social functions and serves as reassurance for those who feel embarrassed or isolated by their sexual interests (Sarason & Sarason, p. 203).

Changes occurred in attitudes among homosexual groups as well as heterosexual groups during the 1970's regarding the acceptability of infantilism. Bobby states:

Before Stonewall [riots of 1969] and the blossoming of gay pride and gay rights... being gay was a major social stigma.... Certainly most homosexual professionals were "in the closet". But being gay and into diapers or infantilism was a major double whammy. There was no support even within the rather prudish confines of the "quiet" gay community.

But the gay revolution of the 60's and 70's changed all of that radically in two very important ways. First, it diminished the stigma of being gay. A community evolved that was no longer under siege. People became publicly gay and social support of "community" was there. This reduced dramatically the burden on the infantilist of being gay or bisexual. Second, and perhaps even more important, as the sexual revolution moved forward and sexual mores loosened, tolerance grew. In the gay community this meant that if you were into 'fisting', watersports, bondage and discipline, sadism and masochism, drag, rubber, etc., you might be "a little weird" but you weren't wacko. The attitude became much, more "whatever turns on". This resulted in a radical move in the gay diaper society - along with other, fetishes, diaper ads began to appear in gay newspapers in the personals section. Prior to the creation of DPF, I would guess that 75% of gay infantilists first discovered they were not alone when they found an ad. The largest number found it in The Advocate (the nation's largest gay newspaper).... The role of The Advocate and other local gay publications should not be overlooked.

...[I]t probably should [also] be noted that DPF started as almost exclusively a gay club. It may not have been the intent, but 90% of the early joiners

were gay. It appears to be the first club to jump sexual barriers and become all encompassing - men/women, gay/bi/straight, etc. (personal correspondence, 25 October, 1985).

Any description of 'infantilist industries' must also include manufacturers and distributors of the 'props' used in infantilism. These include both fetish suppliers (e.g. DPF provides product reviews on diapers, plastic pants and other infantilist paraphernalia; ABC Designs markets a complete line of adult size baby clothes) and "straight" market usually medical supply houses). In order to completely act out the fantasy, an infantilist might purchase diapers (cloth or disposable), waterproof pants (rubber or plastic), baby clothes (rompers, sunsuits, bonnets, booties, etc.), toilet articles (powder, oil, lotion, shampoo, diaper rash ointments), furniture (cribs, high chairs, strollers) and feeding supplies (baby bottles, feeding dish, silverware, bibs, formula). An infantilist might also purchase props for other variant scripts: restraints for bondage, enema or catheter equipment, latex clothing or "little girl" type clothing (dresses, lacy panties, Mary Jane shoes). A recent "Adult Infantilist World Resource Directory" listed 265 separate suppliers of infantilist materials (Chesher, 1985). Note that the average infantilist surveyed spent \$325 per year on the fetish.

One can only guess how many people practice infantilism "because of the stigma attached to [it]" (Heinisch & Oliver, p.

60). DPF reports 1000 members and one fetish publisher, Platinum Press, estimates "3,000 customers in the past year" (personal correspondence, September 24, 1985. DPF's members are those infantilists willing to take at least a step 'out of the closet' and admit their preferences to other infantilists. Platinum's customers have more anonymity but these publications are sold in adult bookstores where the anonymous customer must at least admit his interests to an anonymous clerk. One could guess that there are perhaps, 5,000 to 10,000 infantilists in the United States.

VI. Therapy

Psychotherapy can be helpful in minimizing the possible harmful 'side-effects' of engaging in infantilism. These negative consequences can include damaged relationships, isolation, guilt or sexual addiction.

The desire to be dominated by a spouse or lover is strong in most infantilists, as previously stated, and inclusion of a partner requires communication and, most likely, change:

"There is no such thing", wrote Masters and Johnson (1970), "as an uninvolved partner in any marriage in which there is some form of sexual inadequacy." Substitute "relationship" for "marriage" and "variancy" for "inadequacy", and you would probably have the view of a very large proportion of our subjects, even though some of them would perhaps be indulging in wishful thinking. However, since female partners do not come to therapists to acquire a variant behavior, we cannot say whether behavior modification works as well on women under those conditions.

Nevertheless, a fair proportion of our subjects' partners know of, tolerate and even in some measure understand their man's sexual position, a number of these accepting women cooperate in playing out his special sexual pleasure by participating. And since

constitutionally primed female variants are so rare, it seems likely that some women can and do learn to like these variations later in life (Gosselin & Wilson, p. 175).

Very often when a variant man wishes to incorporate his partner into a dramatic scenario he finds her either unwilling as actress or as audience. In our experience, a woman can seldom immediately accept variant behavior from a man even if she herself has the seeds of it. If she can and does, of course, there is no problem; if she cannot, however, then, if the matter is not to be sidestepped altogether (as does sometimes occur, though not always with happy results), the script of one partner or the other may need to be changed (Ibid., p. 171).

Yet while we have on many occasions discussed the matter with variants and their partners, we still find ourselves somewhat at a loss in attempting to advise any variant who asks us how he should go about helping a partner to understand, tolerate, cooperate with or actively enjoy his own particular sexual script. Certain of the difficulties in even beginning communication on the subject are themselves due to upbringing and are very difficult to change. The man may find it too anxiety-provoking even to tell his partner of his variant pattern, and, if he

does manage to do so, his partner may find it too anxiety-provoking to continue the discussion (Ibid., p. 176).

Inherent in the development of a fetish are likely to be barriers to communication such as guilt, anger, low self-esteem and defensiveness. Psychotherapy may aid in the improvement of communication skills essential to development and maintenance of relationships. Communication skills do not guarantee the fulfillment of variant fantasies but is the only way a non-variant partner can understand and not feel threatened by this new sexual script. There are no guarantees, but communication offers the best chance to maintain parallel conventional sexual scripts and minimize the pathological aspects of variant arousal.

Discussion of sexual variability between partners should not, therefore, need to be accompanied by tension and rejection on one side nor by defensiveness and resentment, if discussion is rejected, on the other. The point is made simply because we believe from interviews and conversations with variants and their partners that the freedom to discuss feelings, to tease one another, to puzzle over individual differences and to accept the existence of the other's sexual preference without rancor is worth more to the couple than any subsequent "cooperation", without internal motivation, on the nonvariant partner's part.

Such a discussion of variant behavior may, if either partner prefers, be initiated on the neutral ground of a counseling center, but perhaps should not be subsequently confined to that situation.

For some, mutual enjoyment of a variant activity will probably never be possible or even desirable. "The switch that turns him on is precisely the one that turns me off", one woman told us without emotion. The conditioning model which rewards variant behavior with increased sexual pleasure, as often happens, may become a two-edged sword in the hand of any man whose partner equates the mode of variant behavior with her man's sexual excitement. With such a final reckoning she may not unjustifiably conclude that her man is in love with the variant activity and not with her. Over and over again, couples who both enjoy a variant activity (the woman having learned the behavior from the man and found it rewarding) have stressed the necessity of creating an ambiance of love, trust and desire to please rather than be pleased, in order to allow "variations on a theme of love" to flourish. The occasions on which such a technique was found repeatedly to fail are never cited, yet from private communications we have realized that, for some women, the creation of such an atmosphere is merely regarded by them as "an attempt to soften me up, a trick to con me into

something just don't like doing".

Should persuasion, then, ever take place? We do not know, for here is an area where the psychologist's generalization should yield to the feelings of the individual couple. Perhaps, though, a little persuasion and a similar degree of cooperation should be undertaken, for it might help to develop a line of communication between lovers which compensates for any weakness induced either by personality predisposition or upbringing and environment (Ibid., pp. 177-178).

Alteration or elimination of a fetish is a procedure fraught with difficulties; success rates are not high. But this type of change becomes increasingly necessary as negative consequences for fetish behavior becomes more likely and such sanctions become more severe. As noted above, for some the answer is to open up the availability of more conventional scripts through communication. For others, for whom control of their behavior is slipping away, behaviorally-oriented therapies are preferred (Speaker, 1980, pp. 76-87). Carnes (1983) has proposed the "12 step" approach to sexual addictions, a methodology similar to Alcoholics Anonymous (see Appendix C). Sex Addicts Anonymous (SAA) differs from AA in some ways (for logical reasons: sexuality is an essential part of personal identity and total abstinence is not usually healthy. Abstinence from alcohol is viewed as a necessity for the alcoholic - once

control is lost it is seldom regained. Control of sexuality, channeling the sex drive into conventional scripts or at least less obsessive variants, is quite likely given ,everyone?s tendency toward multiple scripts. SAA encourages the alteration of negative beliefs about one's self (cognitive change) and increased behavior control (behavioral change) (Carnes, pp. 141-171).

Not all psychotherapy is designed to reduce or eliminate infantile behavior. Some therapists use regression as a therapeutic tool to eliminate psychic blocks and "reparent" persons into emotional and psychological health. The most radical use of regression as a psychotherapeutic technique is the Schiff's reparenting of "hebephrenic schizophrenics":

From the hebephrenic babies and Shirley we learned how real a regression has to be, that a baby must be a baby, can't be expected to think like a university student, and should not have to use his Adult.*

Now we put all our babies in diapers and feed them from bottles and let them sleep as much as they like. When they are hungry they cry; both Elizabeth and Eric had trouble learning to do that. When they are older they chew on teething rings and pretzels and start eating traditional baby foods. Eventually they

* See also Berne, 1974.

learn to crawl, to talk, and begin to feed themselves. The two-year old negativistic stage is always a problem; for a while I thought Eric might never get toilet trained.

If we meet the child's needs during the regression, the need for therapy is almost completely eliminated.... (Schiff & Day, 1976, p. 219).

One must also remember that psychosexual infantilists seldom seek treatment (8 of 27 subjects) and that treatment is seldom (1 of 8) targeted toward fetish reduction. (One other subject was interested in fetish reduction but has not sought therapy "only because I don't know where to start looking (Matt, personal correspondence, April 28, 1985). Howard, a 34 year old bisexual living with a lover said:

...diapers, infantilism and regressive desires are parts of a fundamental aspect of my inner life. Regression is a path I chose so long ago in my life that it wasn't particularly regression but more a freezing of things as they were (or as I envisioned they should have been). Over the years I failed to find answers to my early and on-going unhappiness. For about 5 years in my mid-20's, I spent several hours each week talking with various psychotherapists. Each of them tried to direct me toward an understanding of the background, experiences and forces that set off and continue to

drive my unhappiness (Howard).

He is no longer trying to eliminate his fetish but will occasionally use psychotherapy to treat affective disorders such as recurrent depression. Six of 8 survey subjects sought psychotherapy or counseling for this purpose: to lower negative side-effects such as guilt, poor self-esteem and depression, without disturbing the variant script. For some psychotherapy provides symptom relief; for others it is ineffective but success rates are probably comparable to other groups.

A small group of infantilists seek to increase infantile behaviors through psychotherapy. Peter, 39 and gay, said he was seeing "a regular hypnotist to start bedwetting again" (Peter). Indeed, "hypnotherapy tapes to turn you into a bedwetter or a helpless baby" are sold by at least 3 companies in the U.S. (Chesher, p. M6; Holistic Hypnosis). The tapes are so popular that one fetish monthly wrote a 4 page editorial providing "helpful information about hypnosis and the 'usage of the hypnotic tapes that you have" (L'lemart, #1, pp. 1-4).

The goal of any type of psychotherapy should be to open options from which the client can choose. In psychosexual infantilism, psychotherapy can serve to remove blocks to conventional scripts, to increase control over variant behaviors (so that acting out of the fantasy is by conscious and informed choice, not irrational compulsion) and to heal the emotional side-effects of having a variant script (guilt, anxiety, depression). Psychotherapy does not enhance an infantilist's

ability to coerce a partner into participation in the fetish, but can point out the importance of communication in maintaining a relationship between variant and non-variant partners. In the counseling relationship one can sharpen communication skills, improve self-knowledge and self-esteem and develop more adaptive coping skills. To achieve these things requires a sensitive and knowledgeable therapist and an active and motivated client.

VII. Summary

Psychosexual infantilism is a sexual variation in which diapers or other infant clothing and/or infant behaviors (such as enuresis) are found sexually arousing. The sexual behaviors of infantilists are similar to those of other fetishists in that arousal is generated by a non-human object. Describing infantilism as a fetish may not be technically correct in all cases, as wearing diapers may not be the exclusive or preferred method of achieving orgasm. Infantilists are likely to have other 'sexual scripts', conventional and variant, available to them as well as the infantilist script. Heterosexuality is an example of a conventional script. Dominance and, submission, the "erotic aspects of power", is a very common variant script; the infantilist is normally submissive to a "Mommy or Daddy" when acting out fantasies with a partner.

Infantilism has been described since the 1930's and was especially well-described by Steckel in the 1950's. These early writers were primarily psychoanalysts and their definitions and explanations were adequate for natural infantilists, but were somewhat less able to explain the 'time-travelers' (balancers). Behaviorists in the 1960's added a classical conditioning as an explanation of fetishes' origins, but large theoretical holes remained. It wasn't until the 1980's that holistic explanations for the creation and maintenance of fetishes were developed which were able to demystify cases with few experiential correlations and also the differences between rates of fetishism for male and

female. Gosselin and Wilson developed this comprehensive new theory which appears to be substantiated by these case reports.

Infantilists prefer the style of baby clothes they wore, not what was used during adolescence or later, and infantilism has two primary scripts; infantile dress and submission to a dominant partner. Despite negative social sanctions toward infantilism as a sexual preference, the drive to involve a partner in acting out fantasies is very strong. Some partners participate willingly but most do not, and creating such an 'arrangement' requires substantial communications.

The average infantilist is a male in his late 30's who was enuretic as a child. Bladder control was achieved by age 5 but he returned to diapers voluntarily at age 14. He is now a college graduate in a white collar job. Sexually he practices infantilism with a partner as well as conventional heterosexuality. Infantilism involves wearing diapers and plastic pants several times a month, wetting occasionally, but masturbation frequently. Other infantile behaviors (bottle feeding, soiling, sleeping in a crib) are rare. The libido in infantilists is stronger than in controls according to reports and in frequency of fantasy reports.

Infantilists have created a support system for themselves utilizing correspondence networks, support groups, and a "small industry" turning out stories, newsletters, magazines, photos, tapes of infantilist fantasy, adult sized baby clothes and furniture. Professional dominants will frequently list

"infantilism" among specialties now, although few infantilists purchase their services. Various softcore magazines write about "Big Babies" regularly. Infantilism is coming out of the closet, but, like most fetishes, is still considered a highly variant preference.

Most infantilists reported infantilism caused problems in their relationships at some time although few sought therapy because of these problems. Psychotherapy is valuable in the treatment of the emotional side-effects of this preference, in building communication skills necessary to develop and maintain relationships and to deal with the hazards of compulsive and addictive sexual behavior.

It seems unlikely that the rates of infantilism are increasing but rather that more infantilists are making contact with each other and becoming slightly less secretive about their preferences. Accepting infantilism as an aspect of sexuality rather than as complete sexual orientation is likely to minimize blocks to conventional scripts and reduce negative emotional consequences.

Appendix A

Infantilism Survey

Survey Code:_____

I. Background Information

1. Your age (as of last birthday): see figure 1
2. Sex: a. Male 26
b. Female 1
3. Marital status:
a. living with partner 15
b. single 9
c. separated 1
d. divorced 1
e. other (specify) widowed 1
4. How much education have you had?
a. less than 12 years 0
b. high school diploma 2
c. some college 6
d. bachelor's degree 3
e. graduate education 6
f. advanced degree 11
g. trade/technical school 3
h. other CFA 1
5. The state you live in: see figure 2
6. Occupation: see figure 3
7. Sexual orientation: (Question 7 has multiple answers.)
a. primarily heterosexual 20
b. primarily homosexual 6
c. bisexual 6
d. solitary sex 2 (sex does not include partner)
8. Which of the following sexual preferences interest you?
a. bondage 8
b. domination/submission 12
c. spanking 8
d. watersports 8 (urolagnia)
e. fetishes (please describe)
rubber=7; leather=1; men's underwear=1; large breasts=1; teddy bears=1
f. pain 2
g. public exposure 4
h. humiliation 10
i. pornography 6
j. infantilism 27
k. other enemas=2; catheters=1
9. Do you have brothers or sisters? Yes 25 No 2
a. If "YES", were you the
a. oldest child 8
b. youngest child 11
c. in the middle 6
10. Did your parents divorce while you were a child? Yes 3 No 24
a. If "YES", how old were you at the time? 10=1; 13=1; 22=1

11. Did your parent(s) die while you were a child? Yes 3 No 24
 If "YES", how old were you at the time?
 a. at mother's death newborn
 b. at father's death 14, 18, 26
12. Was either parent (or primary guardian) alcoholic?
 Yes 4 No 23
 If "YES": a. mother
 b. father 2
 c. both 2
13. Were you raised primarily by:
 a. both parents 25
 b. single mother 1
 c. single father 0
 d. grandparents 0
 e. aunts/uncles 1
 f. non-relatives 0
 g. I was an orphan 0
14. Before the age of 18 were you ever the victim of physical, emotional or sexual abuse? Yes 9 No 18 (multiple answer)
 a. If "YES", which: a. physical 3
 b. emotional 6
 c. sexual 2
15. Were you a bedwetter as a child? Yes 14 No 13
 a. If "YES", at what age did you first attain control?
 Age see figure 4
 Never
 Don't remember 2
16. Did you wear daytime diapers beyond your third birthday?
 Yes 6 No 15 Don't remember 6
17. Did you wear diapers at night beyond your third birthday?
 Yes 9 No 8 Don't remember 9
 a. If "YES", at what age did your parent or guardian discontinue the use of diapers?
 Age see figure 5
 Other
 b. Were you diapered primarily by:
 1. Mother 26
 2. Father
 3. Other (specify) nanny=1; self after age 3=1
 c. When diapers were discontinued had you stopped wetting at night?
 Yes 17 No 6 Don't remember 4
18. At what age did you stop sleeping in a crib?
 Age n=7 Don't remember 20
19. When you were a child your parents treated you as:
 (choose one) a. immature for your age 5
 b. normal for your age 18
 c. mature for your age 4
20. Do you feel you reached puberty:
 a. earlier than your peers 3
 b. about the same as your peers 14
 c. later than your peers 10
21. At what age did you experience your first orgasm?
 Age n=19 Don't remember 8

22. If your parent or guardian discontinued diaper use during childhood, when did the use of diapers resume? Age_____ (see figure 8)
 a. Were diapers then:
 1. worn by personal choice26
 2. worn because parent/guardian required them1(as punishment)
 3. worn because of physical need (incontinence)0
23. What was your sexual orientation between ages 10-20?
 a. primarily heterosexual16
 b. primarily homosexual2
 c. bisexual4
 d. solitary sex8
24. If you wore diapers during this period did you experience erotic feelings while wearing them?
 Yes22 No1 (not applicable=4)
 a. If "YES", can you describe your feelings?
-
25. During ages 10-20 did anyone else know of your attraction to diapers? Yes6 No15 Don't know2 (NA=4)
 If "YES", how did they react? (all 6 neutral-negative)
-
26. Have you ever had sexual experiences with a partner WITHOUT the use or presence of diapers or baby items?
 Yes26 No1
 If "YES", please describe your experiences:_____ normal hetero- or homosexual experiences
-
27. Have you ever had sexual experiences with a partner which INCLUDED the use of diapers or baby items?
 Yes20 No7
 If "YES", please describe: infantilistic practices with a partner (ranged from petting while diapered to full infant care)
28. Please describe your present use of alcoholic beverages:
 a. I do not drink alcohol4
 b. I drink mainly 1. beer7 2. wine14 3. liquor9
 If "B", do you drink 1. daily5
 2. 1-5 times a week10
 3. 1-3 times a month6
 4. less than once a month2
29. Do you use any type of prescription, over-the-counter or street drug more than once a month? Yes6 No21
 If "YES", please describe antidepressants, antihistamines, asthma drugs, Ascriptin, aspirin, Dristan, vitamins, cold remedies, hormone supplements, cardiac medications

II. Current Information

EXPERIENCE AND ACTIVITIES TO DATE: In this section please indicate only your actual experience with infantilism to date.

1. DO YOU...?	Never	Rarely	Sometimes	Often	Daily
a. Wear diapers	<u>0</u>	<u>3</u>	<u>4</u>	<u>13</u>	<u>7</u>
b. Wear plastic pants	<u>1</u>	<u>3</u>	<u>7</u>	<u>13</u>	<u>4</u>
c. Wear rubber pants	<u>8</u>	<u>7</u>	<u>7</u>	<u>3</u>	<u>2</u>
d. Use a rubber sheet	<u>8</u>	<u>1</u>	<u>6</u>	<u>1</u>	<u>11</u>
e. Wet pants/diapers at night	<u>3</u>	<u>4</u>	<u>12</u>	<u>5</u>	<u>4</u>
f. Wet pants/diapers during day	<u>5</u>	<u>1</u>	<u>11</u>	<u>9</u>	<u>1</u>
g. Soil pants/diapers	<u>12</u>	<u>6</u>	<u>4</u>	<u>4</u>	<u>0</u>
h. Nurse from breast	<u>17</u>	<u>5</u>	<u>3</u>	<u>1</u>	<u>1</u>
i. Nurse from bottle	<u>9</u>	<u>6</u>	<u>4</u>	<u>4</u>	<u>0</u>
j. Use pacifier	<u>4</u>	<u>12</u>	<u>7</u>	<u>4</u>	<u>0</u>
k. Wear bib	<u>9</u>	<u>8</u>	<u>6</u>	<u>3</u>	<u>0</u>
l. Eat baby food	<u>19</u>	<u>4</u>	<u>3</u>	<u>1</u>	<u>0</u>
m. Sleep in crib	<u>18</u>	<u>5</u>	<u>4</u>	<u>0</u>	<u>0</u>
n. Use highchair or playpen	<u>20</u>	<u>4</u>	<u>3</u>	<u>0</u>	<u>0</u>
o. Play with doll or teddy bear	<u>13</u>	<u>4</u>	<u>6</u>	<u>0</u>	<u>4</u>
2. Have you used or worn the following:					
a. Baby powder	<u>0</u>	<u>3</u>	<u>6</u>	<u>12</u>	<u>6</u>
b. Baby oil	<u>4</u>	<u>4</u>	<u>8</u>	<u>9</u>	<u>2</u>
c. Baby lotion	<u>4</u>	<u>4</u>	<u>7</u>	<u>9</u>	<u>3</u>
d. Diaper rash ointment	<u>10</u>	<u>6</u>	<u>8</u>	<u>2</u>	<u>1</u>
e. Suppositories	<u>14</u>	<u>6</u>	<u>6</u>	<u>1</u>	<u>0</u>
f. Enemas	<u>9</u>	<u>9</u>	<u>3</u>	<u>6</u>	<u>0</u>
g. Soap sticks	<u>22</u>	<u>2</u>	<u>3</u>	<u>0</u>	<u>0</u>
h. Booties	<u>18</u>	<u>5</u>	<u>3</u>	<u>1</u>	<u>0</u>
i. Bonnet	<u>17</u>	<u>6</u>	<u>3</u>	<u>1</u>	<u>0</u>
j. Diaper top	<u>16</u>	<u>4</u>	<u>4</u>	<u>3</u>	<u>0</u>
k. Baby style sleeper	<u>14</u>	<u>5</u>	<u>5</u>	<u>3</u>	<u>0</u>
l. Baby style nightgown	<u>13</u>	<u>7</u>	<u>3</u>	<u>3</u>	<u>1</u>
m. Romper suit	<u>16</u>	<u>4</u>	<u>5</u>	<u>2</u>	<u>0</u>
n. Baby dress	<u>18</u>	<u>4</u>	<u>2</u>	<u>2</u>	<u>0</u>
o. Sunsuit	<u>20</u>	<u>3</u>	<u>2</u>	<u>2</u>	<u>0</u>
p. Baby formula	<u>18</u>	<u>4</u>	<u>1</u>	<u>2</u>	<u>0</u>
q. Laxatives for diaper/pants soiling	<u>20</u>	<u>4</u>	<u>1</u>	<u>2</u>	<u>0</u>
r. Diaper pail	<u>12</u>	<u>3</u>	<u>4</u>	<u>4</u>	<u>1</u>

Definition: Rare = less than once a year; Sometimes = 1-10 times per year; Often = 1 to 20 times per month

3. a. How often do you use diapers for wetting or soiling?
- | | | |
|----------------------------------|-----------|--------------------|
| 1. Never | <u>3</u> | (multiple answers) |
| 2. Occasionally at night | <u>16</u> | |
| 3. Occasionally by day | <u>12</u> | |
| 4. Usually or always at night | <u>4</u> | |
| 5. Occasionally all day | <u>6</u> | |
| 6. Usually or always day & night | <u>4</u> | |
- b. If you wet during the night, do you wet while:
Asleep 1 Awake 14 Both 11
4. Who participates with you in your infantile practices?
- | | |
|--|-----------|
| a. No one | <u>9</u> |
| b. Spouse | <u>3</u> |
| c. Lover | <u>7</u> |
| d. Friend(s) | <u>10</u> |
| e. Parent(s) | <u>0</u> |
| f. Other <u>prostitute or professional=2</u> | |
5. What category best describes your present level of infantile activity?
- a. 5 Latent Baby - You have infantile interests, but have little or no opportunity to express them.
- b. 6 Bedwetting Child - You frequently wear diapers to bed at night or wet your bed, but you behave as an adult most of the time during the day.
- c. 16 Toddler - You engage in baby practices and activities at night and often during the day, but you may: walk & talk, refrain from diaper soiling, wear grown up clothes over your diapers, or go for extended periods by day in which you dress, eat and otherwise conduct yourself as an adult.
- d. 0 Infant - You rely on diapers day and night for wetting and/or soiling, you depend upon someone else most of the time for your feeding and diaper changes. Except for unavoidable obligations such as school or work, you dress, act and function as an infant most of the time.
6. The main reason you engage in infantilistic activity is:
- | | | |
|--|-----------|--------------------|
| a. You cannot help it | <u>5</u> | (multiple answers) |
| b. You prefer it and enjoy it | <u>24</u> | |
| c. You are required to do so by someone else as a matter of discipline or training | <u>0</u> | |
| d. Other | | |
7. Do you find wearing diapers sexually exciting? Yes 27 No
8. Do you ever masturbate while wearing diapers? Yes 27 No
- a. If "YES", approximately how often? range: daily to 3-5 x per year
9. Are you currently involved in a sexual relationship?
Yes 21 No 6
- a. If "YES", is your primary partner male 7 female 14

10. Have you ever read books or magazines dealing with 'infantilism' or 'adult babies'? Yes 23 No 4
 a. If "YES", please list which publications and how often you buy them (use extra sheet if necessary)
see figure 9

11. Has your use of diapers ever caused problems for you, either in personal life or in a relationship? Yes 19 No 8
 If "YES", please explain: see text

12. Has your use of diapers ever caused you to seek counseling or therapy? Yes 8 No 19
 a. If "YES", please describe your experiences: see text

13. Has your use of diapers ever been helpful to you, either in personal life or in a relationship? Yes 21 No 6
 a. If "YES", please explain: see text

14. Do you think of infantilism as:
 a. a form of foreplay 6 "I am not infantile"=1
 b. a lifestyle 10
 c. both as foreplay and as lifestyle 8
 d. other addiction=1; sex stimulant=1; repressed fascination=1
15. In infantilism play are you:
 a. always the grownup? 1
 b. usually the grownup? 4
 c. usually the baby? 8
 d. always the baby? 7
 e. can play either role 7
16. About how much have you spent on infantilism over the past 12 months (diapers, baby clothes, baby food, literature, fantasies, etc.)? see figure 10

17. Have you ever used the services of a professional dominant or submissive? Yes 5 No 22

III. Fantasy

In this section answer with your fantasies, whether you have acted them out or not.

1. If you had a choice, would you...?
 a. increase 22
 b. decrease 0
 c. leave unchanged 5 your present level of infantilism?
2. What would you like to experience in infantilism?
see text

3. Please describe your ultimate infantile fantasy:
[use extra sheet if necessary]_____
- _____
- a. Have you acted out all or parts of this fantasy?
Yes₁₅ No₁₂ If "YES", which parts?_____
- _____
4. If you have not acted out your fantasies it is because:
a. I choose not to₁
b. I can't because of lifestyle reasons₉
c. I'm afraid of 4(what?)_{losing control=1; alienating wife=2;}
(multiple d. I cannot afford to₁ social, legal restrictions=1; _{answers} e. I have not had the opportunity to₁₁
5. If you had no restrictions on infantile activity
(i.e. you could do whatever you wanted to) what
would a typical day be like?_____
- _____
6. What infantilism equipment or clothing would be
purchased if you had unlimited funds?_____
- _____
7. What people would you involve in making your fantasy
a reality (if there were no limitations)?_____
- _____
8. Can you describe an infantile fantasy you enjoy but
would never want to act out?_____
- _____
9. How satisfied are you with your current level of
infantilism? a. very satisfied₄
b. fairly satisfied₉
c. not sure₅
d. fairly unsatisfied₇
e. very unsatisfied₂
10. What changes would improve your level of satisfaction?

- _____
11. Do you expect you will change these things in the near
future? yes₁₀ no₁₆ unsure=1
12. What changes would you like to see in the infantilism
scene in the near future?_____
- _____

IV. History

On a separate piece of paper (or the back of this one) please write a brief social biography of yourself, from your earliest memories to the present.

Appendix B

Fantasy Questionnaire

FANTASY QUESTIONNAIRE

Please indicate how often you fantasize about the themes below at various times, how often you do them and how often you would like to do them if given the opportunity.

In each column put a number between 0 and 5 to indicate your frequency as follows:

Never=0, Seldom=1, Occasionally=2, Sometimes=3, Often=4, Regularly=5.

	Daytime fantasies	Fantasies during intercourse or masturbation	Dreams while asleep	Have done in reality	Would like to do in reality
1. Making love out of doors in a romantic setting (e.g. field of flowers, beach at night).					
2. Having intercourse with a loved partner.					
3. Intercourse with someone you know but have not had sex with.					
4. Intercourse with an anonymous stranger.					
5. Sex with two other people.					
6. Participating in an orgy.					
7. Being forced to do something.					
8. Forcing someone to do something.					
9. Homosexual activity.					
10. Receiving oral sex.					
11. Giving oral sex.					

12. Watching others have sex.					
13. Sex with an animal.					
14. Whipping or spanking someone.					
15. Being whipped or spanked.					
16. Taking someone's clothes off.					
17. Having your clothes taken off.					
18. Making love elsewhere than bedroom (e.g. kitchen, bathroom).					
19. Being excited by material or clothing (e.g. rubber, leather, underwear).					
20. Hurting a partner.					
21. Being hurt by a partner.					
22. Mate-swapping.					
23. Being aroused by watching someone urinate.					
24. Being tied up.					
25. Tying someone up.					
26. Having incestuous sexual relations.					
27. Exposing yourself provocatively.					
28. Transvestism (wearing clothes of the opposite sex).					

(Continued)

(Continued)

	Daytime fantasies	Fantasies during intercourse or masturbation	Dreams while asleep	Have done in reality	Would like to do in reality
29. Being promiscuous.					
30. Having sex with someone much younger than yourself.					
31. Having sex with someone much older than yourself.					
32. Being much sought after by the opposite sex.					
33. Being seduced as an "innocent."					
34. Seducing an "innocent."					
35. Being embarrassed by failure of sexual performance.					
36. Having sex with someone of different race.					
37. Using objects for stimulation (e.g. vibrators, candles).					
38. Being masturbated to orgasm by a partner.					
39. Looking at obscene pictures or films.					
40. Kissing passionately.					

Please give the number of the single theme from the above list you find most exciting.

(a) In fantasy
 (b) In reality
 Do you have a favorite fantasy that we have omitted? (Describe briefly)

Please answer these questions

- Marital status
- Do you have a steady partner, whether you are married or not?
- If yes, how satisfied are you with them sexually? (Please underline)
 Not at all satisfied Not very satisfied Reasonably satisfied Very satisfied Totally satisfied
- Overall, how would you rate your sex life?
 Not at all satisfactory Not very satisfactory Reasonably satisfactory Very satisfactory Totally satisfactory
- How many orgasms do you have in an average week?
 0-1 2-3 4-5 6-7 8+
- Overall, how would you rate your sex drive?
 Very low Lower than average Average Above average Very high
- With how many different people have you had intercourse?
 None 1-2 3-10 11-50 51+
- How would you describe your upbringing as regards matters of sex?
 Very restrictive Slightly restrictive Average Slightly permissive Very permissive
- How inhibited do you think you are sexually?
 Very inhibited Slightly inhibited Average Slightly uninhibited Very uninhibited
- As a child, did you receive corporal punishment either at home or at school?
 Never Seldom Sometimes Often Regularly

Appendix C

The Twelve Steps of Alcoholics Anonymous
Adapted for Sexual Addicts

1. We admitted we were powerless over our sexual addiction - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all the persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry the message to others and to practice these Principles in all our affairs.

(Carnes, 1982, p. 145)

Appendix D

Participants				
	name	age	orientation	relationship
"A"	Ronald	55	hetero	married
"B"	Alex	54	hetero	married
"C"	Louis	52	bisexual	none
"D"	Damien	47	gay	unknown
"E"	Bobby	37	gay	none
"F"	Lawrence	33	hetero	married
"G"	Richard	40	gay	none
"H"	Salvadore	51	hetero	widowed
"J"	Ricardo	49	hetero	widowed
"K"	Susan	29	hetero	married
"L"	Carlos	39	gay	with lover
"M"	Sonny	41	bisexual	none
	Lee	39	gay	with lover
	Howard	34	bisexual	with lover
	Matt	45	bisexual	married
	Will	37	hetero	married
	Jerry	39	bisexual	divorced
	Gabriel	45	gay	none
	Issac	46	hetero	married
	Bill	32	hetero	has lover
	Jenny	29	hetero	has lover
	Leonard	43	gay	with lover
	Sam	35	bisexual	none
	Nino	31	hetero	none
	Mark	35	gay	with lover
	John	26	bisexual	female lover
	Patrick	43	hetero	with lover
	Eric	30	hetero	with lover
	Mike	41	hetero	with lover
	Gordon	33	hetero	with lover
	James	36	bisexual	married
	Stephen	35	hetero	married

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